



Advancing Excellence in America's Nursing Homes Quality Campaign

State Results: New York February 17, 2011



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Executive Summary

Advancing Excellence in America's Nursing Homes is a voluntary, national campaign to help nursing homes measure and improve care. Phase 1 of the campaign was launched in September 2006. Phase 2 was launched in October 2009. The campaign is supported by the Centers for Medicare & Medicaid Services (CMS), advocate and provider associations, and a broad spectrum of professional and other stakeholder groups. The purpose of the campaign is to help nursing homes improve care delivery systems and clinical outcomes, enhance quality of life for residents, and lead to a more stable workforce. The campaign works closely with other national nursing home quality initiatives, such as the Quality Improvement Organizations' (QIO) 9th Statement of Work (SOW), the Nursing Home Quality Initiative, Quality First, and the Culture Change movement, in efforts to ensure alignment and synergize activities and results.

Previous campaign reports have presented data on the accomplishments and lessons learned during Phase 1, based on nursing homes that enrolled during the first year of the campaign.

Major accomplishments included:

- The national use of daily physical restraints was reduced to 5%.
- 30% of nursing homes reported use of physical restraint rates of 0%.
- Another 25% of nursing homes reported use of physical restraint rates below 3%.
- Symptoms of pain in long-stay residents were reduced to 5%.
- Campaign participants selecting a particular goal realized greater improvements than Campaign participants that did not select the goal or nursing homes that did not participate in the campaign.
- In general, Campaign participants self-selected goals in areas needing improvement.
- Campaign participants that selected a goal and set a target for that goal realized more improvement than any other group of nursing homes. These results were strongly positive and led to the Campaign Steering Committee's decision to include target setting as a required step as Quality Measure (QM) clinical goal selection occurs during Phase 2 of the Campaign.

The Advancing Excellence Campaign is led by a Steering Committee of 30 organizations that comprise the campaign's coalition. Additionally, a coalition of nursing home stakeholders within every state (also called LANEs or Local Area Networks for Excellence) provides leadership and guidance for the campaign at the local level. The LANE Convener in each state serves as the primary "point of contact" for the campaign and acts as a liaison between nursing homes in the state, the state coalition, and the national campaign staff and Steering Committee. Steering Committee members and LANE Conveners for Phase 2 of the campaign are listed on the Advancing Excellence website (press CTRL+click to follow link: <http://www.nhqualitycampaign.org>) under the "About the Campaign" tab.

As a result of the successes of Phase 1, the campaign is continuing its quality improvement efforts. Phase 2 was launched on October 22, 2009. This second phase of the campaign has three clinical improvement goals and five operational improvement goals. Advance care

planning and staff satisfaction are new goals in Phase 2. The campaign goals have been re-ordered to reflect the recognition that staffing issues are drivers of overall quality improvement in a nursing home (press CTRL+click to follow the links):

[Goal 1](#) : Staff Turnover: Nursing homes will take steps to minimize staff turnover in order to maintain a stable workforce to care for residents.

[Goal 2](#): Consistent Assignment: Being regularly cared for by the same caregiver is essential to quality of care and quality of life. To maximize quality, as well as resident and staff relationships, the majority of nursing homes will employ “consistent assignment” of CNAs.

[Goal 3](#): Restraints: Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.

[Goal 4](#) : Pressure Ulcers: Nursing home residents receive appropriate care to prevent and appropriately treat pressure ulcers when they develop.

[Goal 5](#) : Pain: Nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain. Objectives for long stay and short stay are slightly different.

- Goal 5A: Long stay (longer than 90 days) nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain.
- Goal 5B: People who come from a hospital to a nursing home for a short stay will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

[Goal 6](#): Advance Care Planning: Following admission and prior to completing or updating the plan of care, all nursing home residents will have the opportunity to discuss their goals for care, including their preferences for advance care planning, with an appropriate member of the healthcare team. Those preferences should be recorded in their medical record and used in the development of their plan of care.

[Goal 7](#): Resident/Family Satisfaction: Nursing home staff will assess resident and family experience of care and incorporate this information into their quality improvement activities.

[Goal 8](#): Staff Satisfaction: Nursing home administrators will assess staff satisfaction with their work environment at least annually and upon separation and incorporate this information into their quality improvement activities.

Real-time information regarding national and state level nursing home enrollment and progress for each of the goals is available on the campaign website under the “Progress” tab. In addition, after LANE conveners log in to the website, they are able to download a list of participating nursing homes, their goal selections (if the nursing home has chosen to share that information), and information regarding data submission for operational goals.

The purpose of this quarterly report is to provide each LANE with a more in-depth assessment of their state’s progress toward the Phase 2 clinical and operational goals. In addition, selected national data are presented to allow LANEs to compare their state’s progress with that of the nation as a whole. Due to the transition to the Minimum Data Set (MDS) 3.0, implemented by CMS in October, 2010, the 2010 Quarter 3 QM data used in this report represent the final quarter of QMs calculated from the MDS 2.0. The campaign will incorporate QMs from MDS 3.0

as they become available from CMS. In the interim, this report will focus on operational goal data as entered by nursing homes on the campaign website.

Although campaign registration is available to all nursing homes on an ongoing basis, for the purposes of this report and future analyses, the participant group for Phase 2 includes those nursing homes that had completed their campaign registration, including goal selection, by January 31, 2011.

Introduction

Campaign Overview

Advancing Excellence in America's Nursing Homes is a voluntary, national campaign to help nursing homes improve care delivery systems and clinical outcomes, enhance quality of life for residents, and lead to a more stable workforce. Phase 1 of the Advancing Excellence in America's Nursing Homes campaign was launched on September 29, 2006, and during the first year of the campaign, over 38.0% (N= 5813) of the nursing homes in the country registered for the campaign. The second year of the campaign saw an additional 8.9% (N= 1404) of nursing homes enroll in the campaign. By the close of Phase 1 on October 21, 2009, enrollment had increased to 47.6% (N=7481) of the nation's nursing homes. The details of national and state-level Phase 1 participation and goal selection are available in the "Progress > National" section on the Advancing Excellence website.

Phase 2 of the campaign was launched on October 22, 2009. In this phase, the goals have been re-ordered to better reflect that staffing issues are recognized as drivers of overall quality improvement in a nursing home. Although the same Quality Measures (QMs) are being used for the clinical goals, Phase 2 of the campaign has the additional goals of advance care planning and staff satisfaction. The initial recruitment period for Phase 2 of the campaign was from October 22, 2009 through January 31, 2010. Nursing homes that registered for Phase 2 of the campaign by January 31, 2010 and were also Phase 1 participants were awarded Charter Member status. The Steering Committee's national goal to register 5,000 nursing homes during the recruitment phase was met and surpassed. As of January 31, 2010, 5861 nursing homes had registered for Phase 2 of the campaign, reflecting 4728 Charter Member registrations and 1133 new nursing home registrations. Current (real-time) national registration statistics are available on the campaign website home page and for each state under the "Progress > State" tab.

Clinical Goals: CMS Quality Measures

The campaign selected four of the Centers for Medicare & Medicaid (CMS) nursing home QMs to track clinical quality in the Campaign: high risk pressure ulcers, physical restraints, chronic care (CC) pain and post acute care (PAC) pain.

Campaign registration is open to all nursing homes in the nation. CMS reports the QMs for Medicare/Medicaid certified nursing homes based on Medicare/Medicaid provider numbers. Nursing homes are asked to provide their Medicare provider number as part of the campaign registration process, however, it is not required. Nursing homes that are not able to be linked to QM data are excluded from all clinical goal analyses.

As designated by the Campaign's Steering Committee, data from 2009 Quarter 1 mark the starting point for measuring progress in the QMs during Phase 2. The sources of data for this report are the QM scores as calculated by CMS. Documents that provide snapshot definitions of the QMs, as well as detailed descriptions of the assessment selection criteria and calculation of

the QMs, are available on CMS's Nursing Home Quality Initiatives website (<http://www.cms.hhs.gov/NursingHomeQualityInits>).

In addition, the Quality Measure Resource Manual, available on QualityNet.org, contains detailed information on the QMs and is meant to be a user friendly resource to LANE members and nursing home staff (<http://www.qualitynet.org> > MedQIC > Patient Safety > Quality Improvement > Other Resources).

Three groups of nursing homes have been identified for QM analyses in this report:

1. Campaign participants that selected the measure as one of their goals
2. Campaign participants that did not select the measure as one of their goals
3. Non-participants

Differences in average scores are compared by state for the nursing home groups identified above. Nursing homes which have scores with small denominators (<20 for PAC measures and <30 for CC measures) or with missing data are excluded from all computations for this report. Averages are calculated as the average of reported nursing home scores for a particular grouping. Nursing home QM scores are rounded to one decimal place prior to calculating state and national averages. Scores are rounded to whole numbers for groups with less than ten nursing homes for data confidentiality purposes.

Target Setting: Percentile Improvement

National targets for Phase 1 of the Campaign were initially established by examining the QM data from the Quality Improvement Organization (QIO) 7th Statement of Work (SOW) and by consensus of the Steering Committee. During the QIO 8th SOW, nursing homes set individual targets for selected QMs using the Setting Targets, Achieving Results (STAR) website. This website provided nursing homes with a variety of data-driven methods for setting QM targets: Achievable Benchmarks of Care™ (ABC), percentile rankings, state averages, and the national average. For Phase 2 of the Campaign, the Steering Committee decided to apply the percentile ranking method across all Campaign goals and objectives. Using improvement in percentile rankings provides the nursing homes with a single target setting method that is easy to understand, and also provides the Campaign with a uniform method that is appropriate for analyses.

Percentile rankings are calculated in the following manner:

- 1) Individual nursing home scores are ranked from lowest to highest (lower scores indicate better performance in nursing home QMs).
- 2) The scores are divided into 100 equally-sized groups; each group is known as a percentile.
- 3) The lowest score (best performance) in the group is assigned as the starting value of that percentile; the highest score is assigned as the ending value of that percentile.
- 4) If scores are tied at the group cut-point, the score is assigned to the lower (better performance) percentile.

Using the high risk pressure ulcer QM as an example:

- 1) There were 10,600 nursing homes in the nation that had publicly reported scores for high risk pressure ulcers in 2009 Quarter 1, the baseline quarter for Phase 2 of the campaign.
- 2) Publicly reported scores were rounded to one decimal and ranked from lowest (0.0) to highest (57.1).
- 3) The scores were divided into 100 equally sized groups (percentiles). There were approximately 106 nursing homes in each group.
- 4) In 2009 Quarter 1, the first 235 nursing homes had scores of 0.0. Thus, the starting values AND the ending values of the first two groups of 106 nursing homes (percentile levels 1 and 2) are 0.0.
- 5) The highest score in the third group of 106 nursing homes was 1.8. Thus the starting value of the third percentile is 0.01, and the ending value of the third percentile is 1.8.
- 6) The first value of the fourth group of nursing homes is 1.81, and the ending value of the fourth percentile is 2.2.

As nursing homes register for the campaign, their current QM scores are ranked according to the baseline percentile levels. The target of the national Campaign is to have every nursing home improve their percentile ranking by 10 percentiles. The national targets for each clinical goal were established using this assumption. Again, using the high risk pressure ulcer QM as an example, Table 1 below shows the various amounts of improvement an individual nursing home would need to achieve in their score to reach the campaign recommended change in their percentile ranking.

Table 1. Percentile Improvement Example – High Risk Pressure Ulcers

Current Score	Current Percentile Ranking	Target Percentile Ranking (Current Percentile Ranking minus 10)	Target Score	Improvement* (% Improvement)
2.0	4 th	1 st	0.0	-2.0 (-100%)
7.1	26 th	16 th	5.4	-1.7 (-23.9%)
10.7	49 th	39 th	9.3	-1.4 (-13.1%)
14.8	72 nd	62 nd	12.9	-1.9 (-12.8%)
22.6	94 th	84 th	18.2	-4.4 (-19.5%)

*Because lower scores indicate better performance in the nursing home QMs, a negative value in this column indicates improvement.

The baseline starting and ending values for each percentile level for each QM are listed in the tables in Appendix A. Changes by quarter for the 10th through the 50th percentiles are displayed in Appendix B.

Operational Goals

In addition to the clinical goals, the Campaign developed goals for five organization level processes that are felt to influence quality of life for residents, and lead to a more stable work force. Staff turnover, consistent assignment, and resident/family satisfaction were part of Phase 1 of the campaign and were expanded and refined for Phase 2. Advance care planning and staff satisfaction were newly introduced in Phase 2. Implementation resources and data collection tools for all of the organizational goals are available on the website under the “Resources > By Goal” tab. Because information regarding these goals has not previously been collected in a systematic manner, benchmarks and comparative data for target setting purposes are not yet available for Phase 2.

Phase 2 Progress

Clinical Goals

Quarterly Trends of Nursing Home Group Means

As noted previously, the campaign has designated 2009 Quarter 1 as the starting quarter for measuring improvement in the QMs during Phase 2. The current data used for comparisons in this report are the 2010 Quarter 3 QM scores calculated by CMS. The chronic care QMs were calculated from Minimum Data Set (MDS) assessment data submitted to CMS between July and September 2010. The post acute care QMs were calculated from MDS assessment data submitted to CMS between April and September 2010.

Figures 1-4 display the national level quarterly trends of average QM scores for the four measures of interest for each group of nursing homes identified above from 2008 Quarter 1 through the current quarter. The broken vertical line at 2009 Quarter 1 marks the baseline quarter for the QMs in Phase 2 of the Campaign. Figures 5-8 show the same trends at the state level.

The graphs show that the average rates for participants who selected the goal is higher (worse performance) than those participants who did not select the goal. This trend, also noted with Phase 1 participants, reinforces the concept that nursing homes select goals based on their perceived need for improvement. On a national scale, Phase 1 analyses by the campaign's Results Workgroup showed that the association between goal selection, target setting, and improvement was very strong. This finding led to the campaign Steering Committee's decision to include target setting as an integral part of QM clinical goal selection during Phase 2 of the campaign.

Figure 1. National Quarterly Trends of Campaign Nursing Home Group Means High Risk Pressure Ulcers

This graph compares nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.

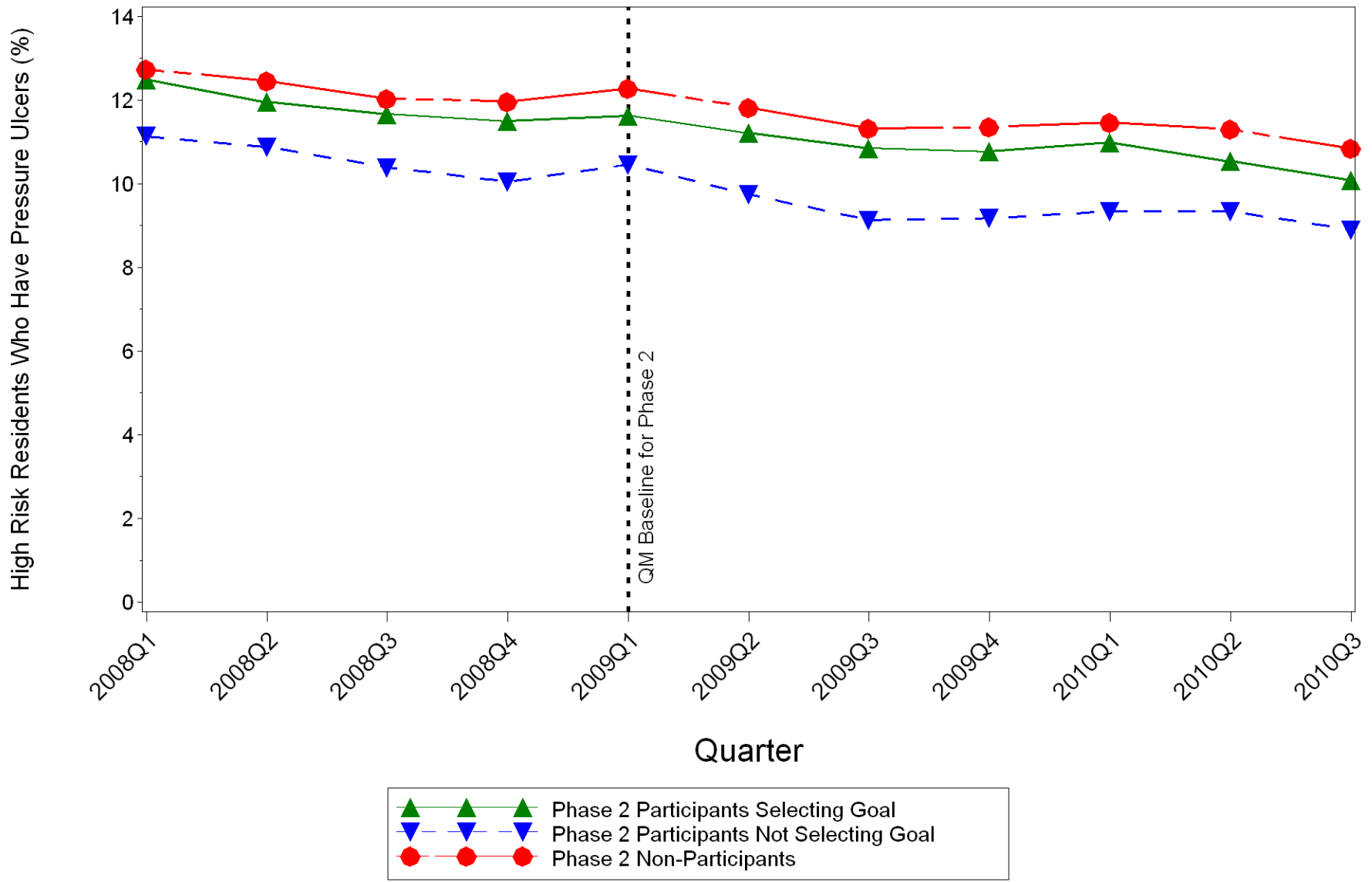
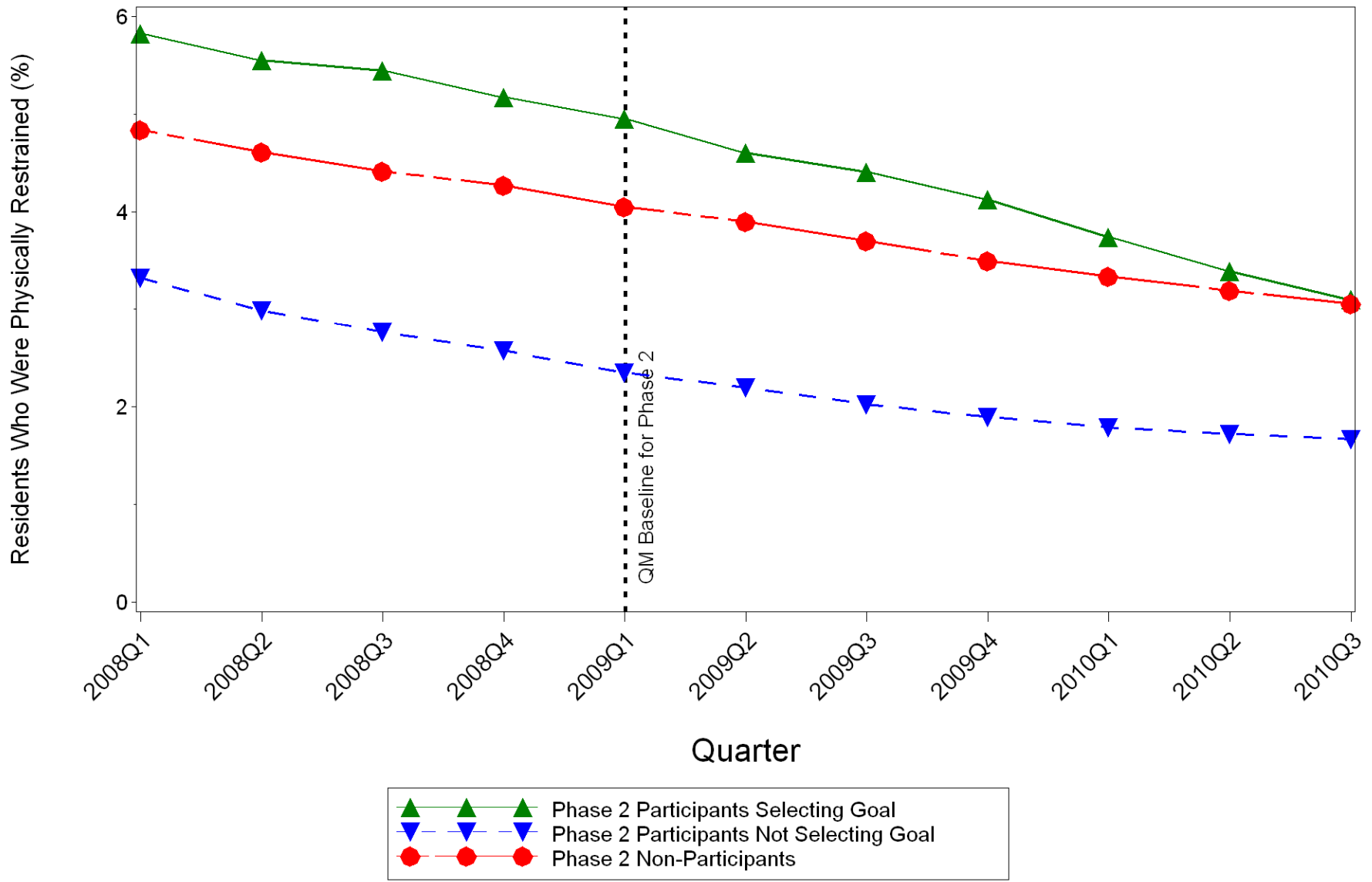


Figure 2. National Quarterly Trends of Campaign Nursing Home Group Means Physical Restraints

This graph compares nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.



**Figure 3. National Quarterly Trends of Campaign Nursing Home Group Means
Chronic Care Pain**

This graph compares nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.

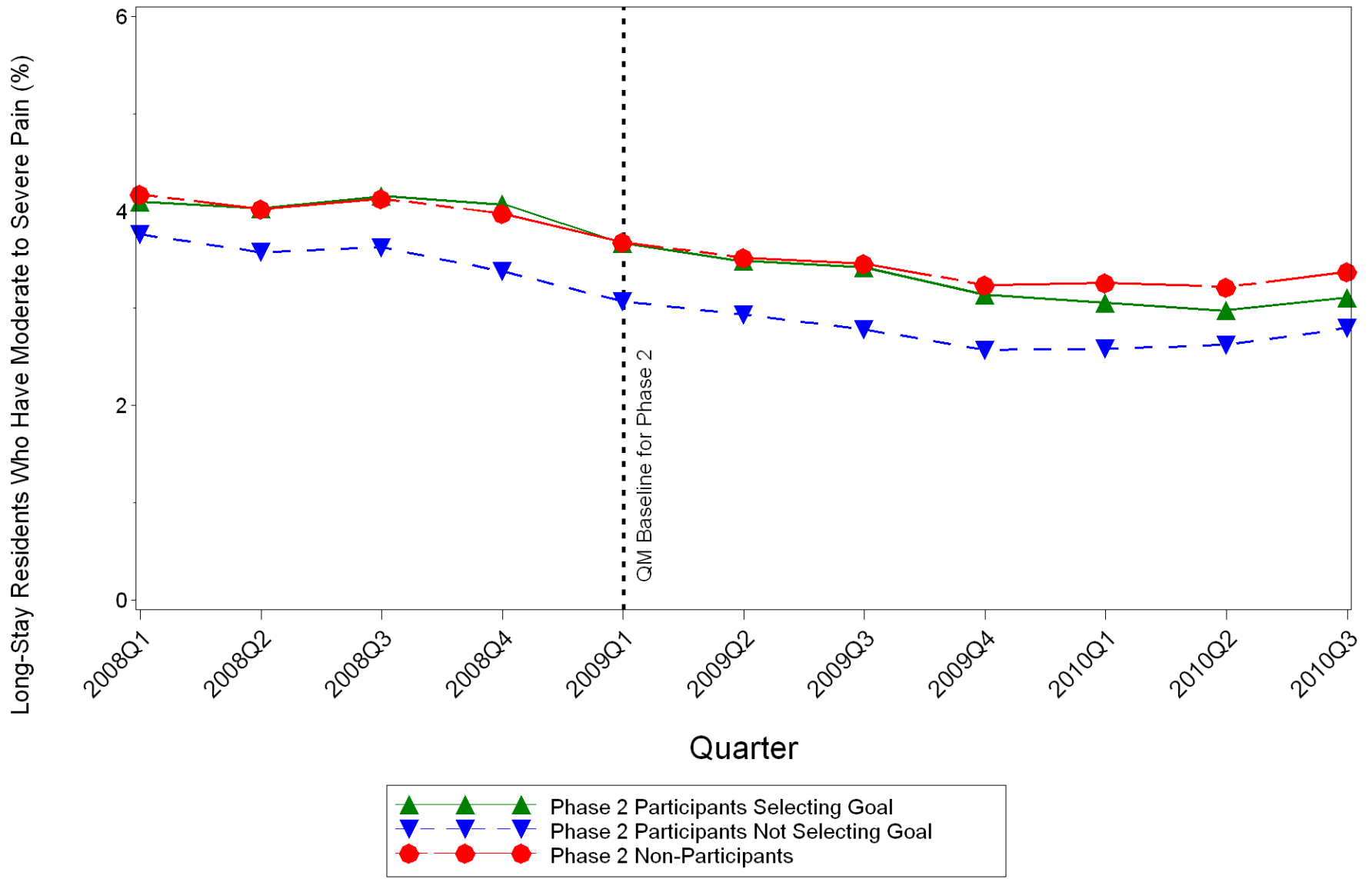
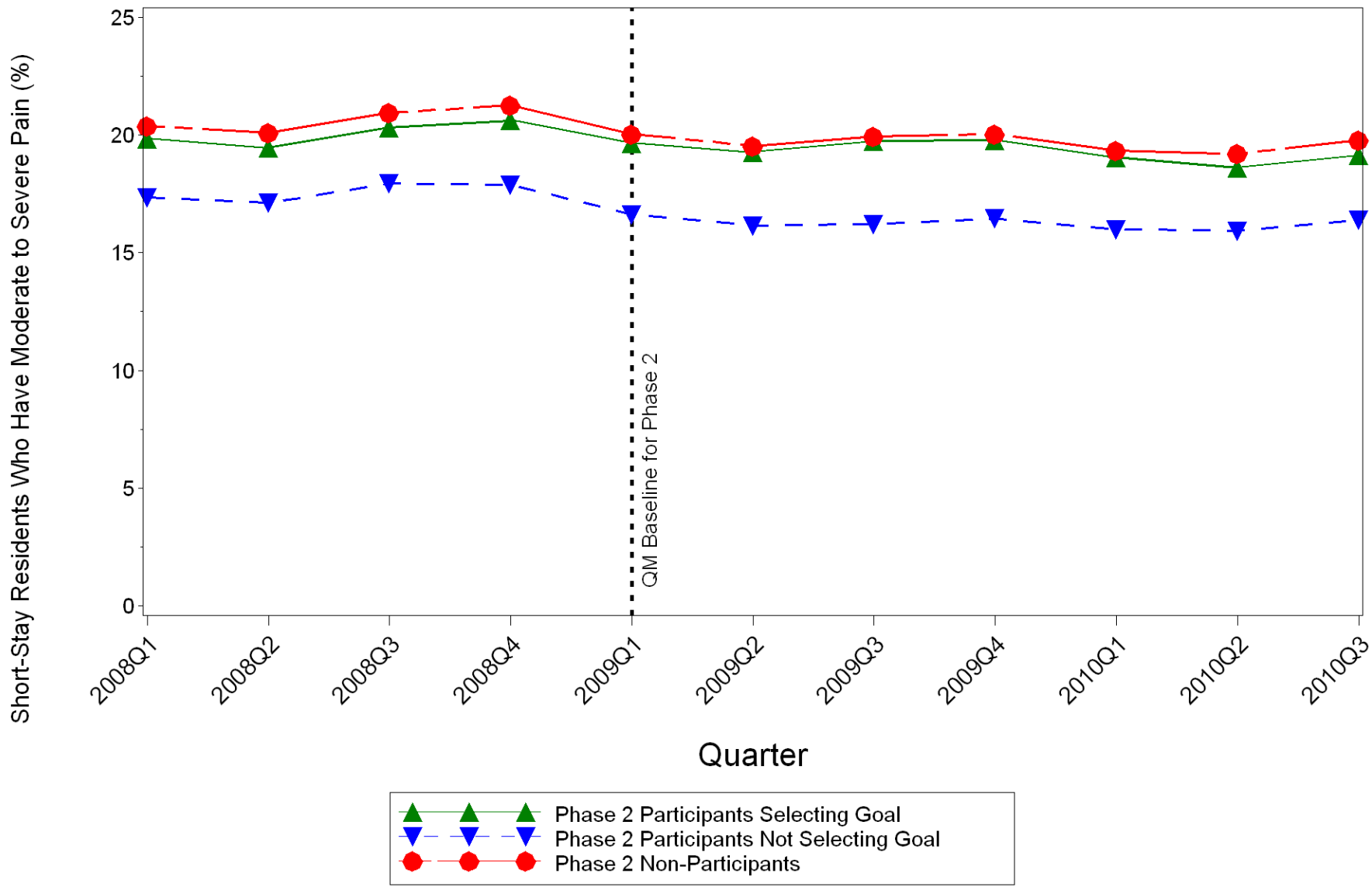


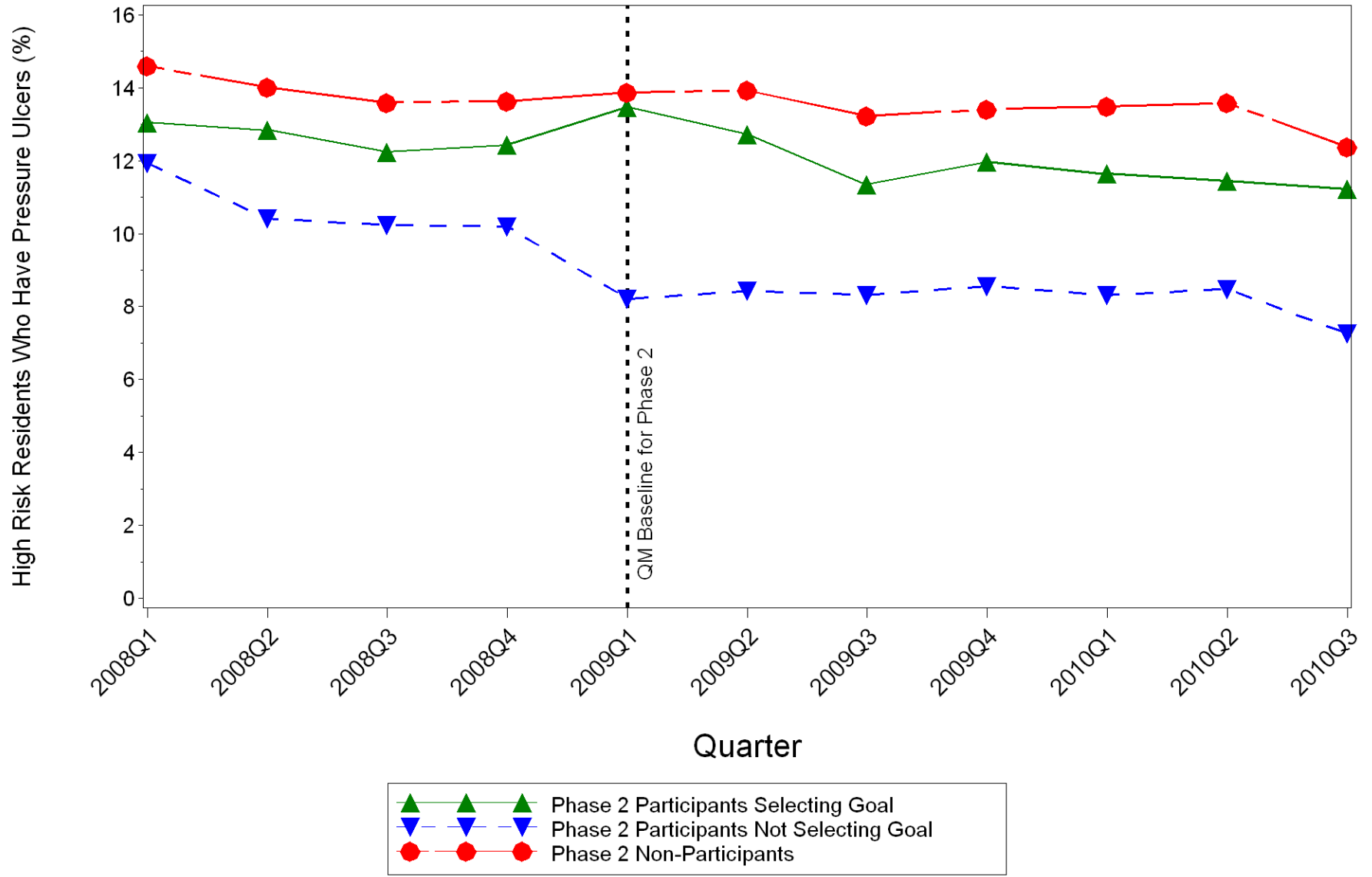
Figure 4. National Quarterly Trends of Campaign Nursing Home Group Means Post Acute Care Pain

This graph compares nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.



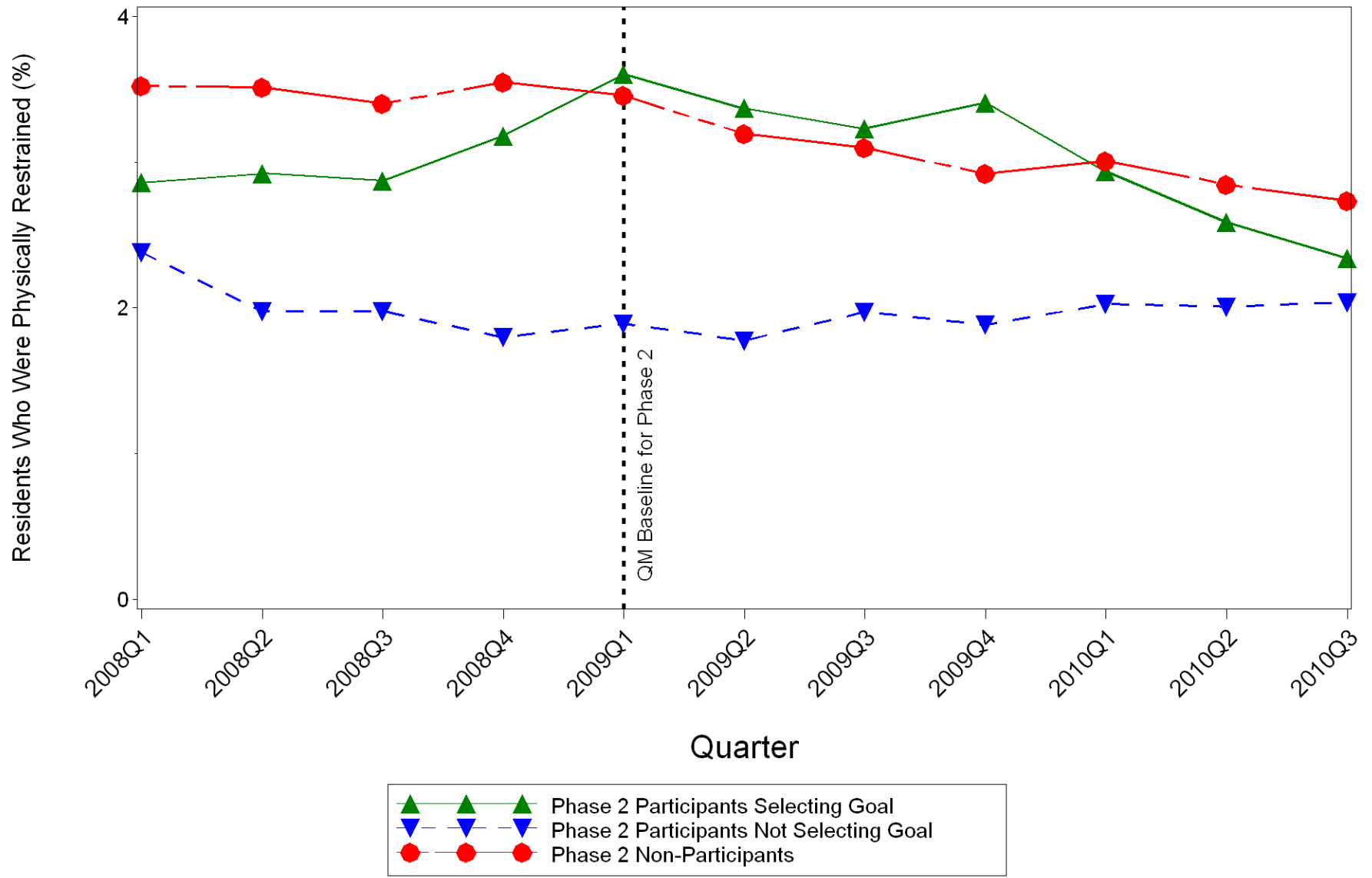
**Figure 5. NY: Quarterly Trends of Campaign Nursing Home Group Means
High Risk Pressure Ulcers**

This graph compares NY nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.



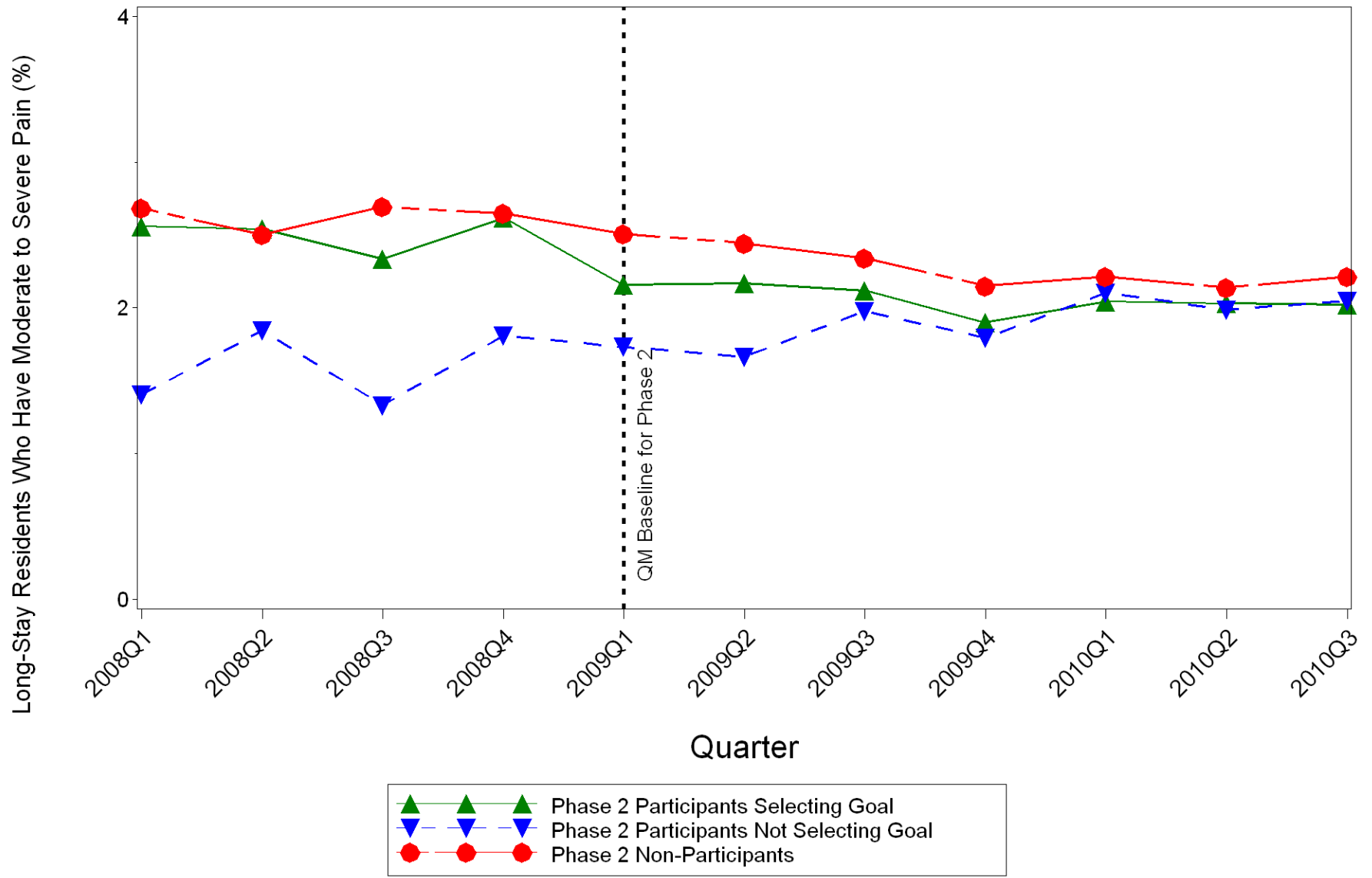
**Figure 6. NY: Quarterly Trends of Campaign Nursing Home Group Means
Physical Restraints**

This graph compares NY nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.



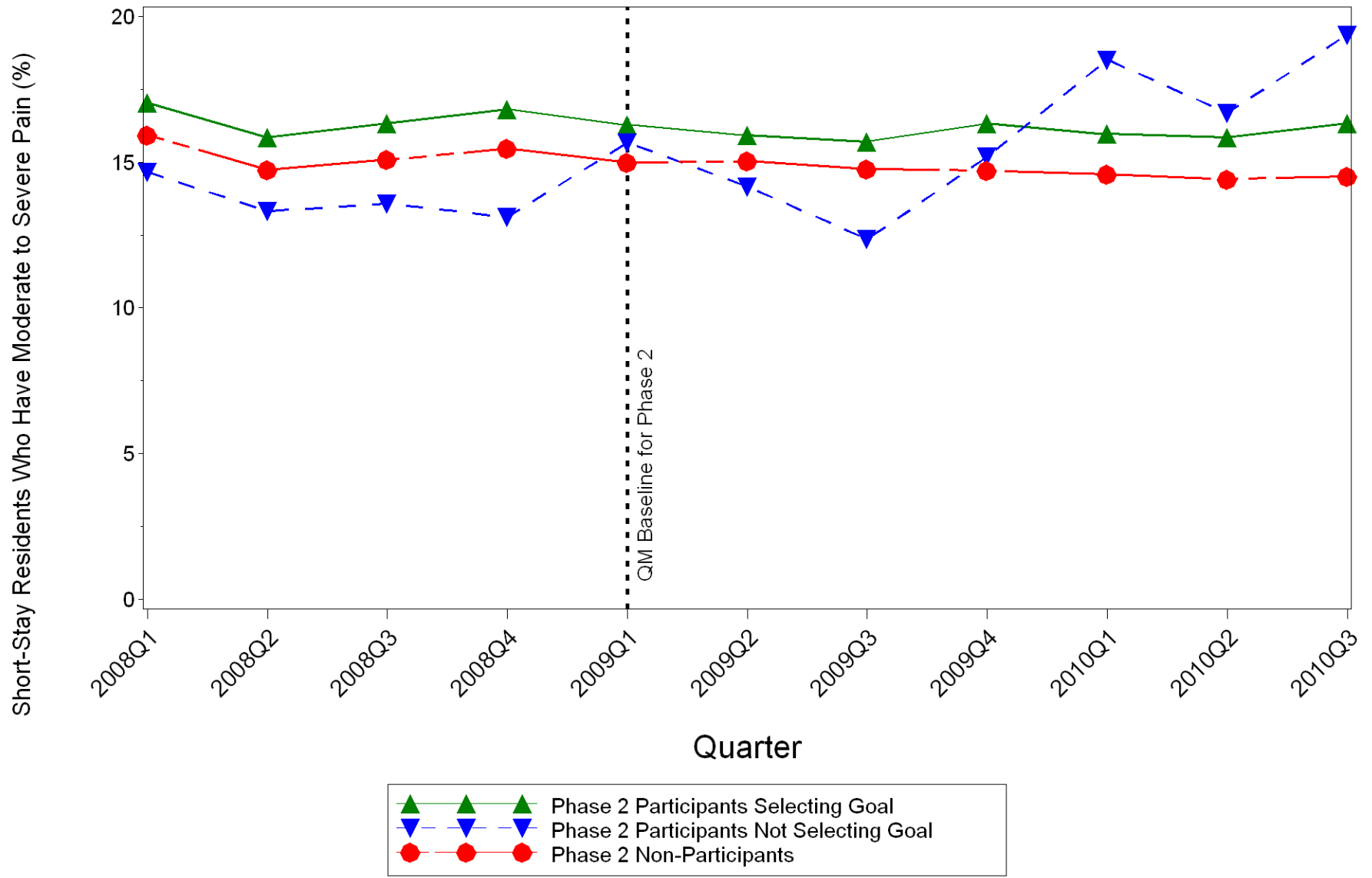
**Figure 7. NY: Quarterly Trends of Campaign Nursing Home Group Means
Chronic Care Pain**

This graph compares NY nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.



**Figure 8. NY: Quarterly Trends of Campaign Nursing Home Group Means
Post Acute Care Pain**

This graph compares NY nursing homes that are: 1) Registered for the campaign and selected the goal, 2) Registered for the campaign and did not select the goal, and 3) Not registered for the campaign.



Changes in Nursing Home Group Averages

Table 2 shows changes in the QM averages for each of the campaign's nursing home groups in the state. Data regarding participants and their goal selections reflect the nursing homes' website registrations and goal selections as of January 31, 2011. Registration information will be updated in January 2011 to coincide with the end of the first year of Phase 2. The first column in Table 2 identifies the QM. The second column identifies the nursing home grouping. The third column shows the group average at the start of Phase 2 (2009 Quarter 1). The number in parentheses after the state and national averages indicates the number of nursing homes in those groups that had publicly reportable scores in that quarter. The number of nursing homes in the remaining groups is not shown because not all nursing homes elected to share their goal selection with the LANEs. The fourth column shows the group average in the current quarter, again showing the number of nursing homes in the state and national groups in parentheses after the average. The last column shows the amount of change between the two time periods. Because lower scores are indicative of better performance in the nursing home QMs, a negative value in this column indicates improvement. The first number in this column represents the raw difference between the average in 2009 Quarter 1 and the current quarter (2010 Quarter 2 average – 2009 Quarter 1 average). The number enclosed in parentheses indicates the *percent* change between the two time periods. Percent change is calculated as $[(2010 \text{ Quarter 2 average} - 2009 \text{ Quarter 1 average}) / 2009 \text{ Quarter 1 average}] * 100$. For states with fewer than 10 nursing homes with publicly reported scores in the state, the state average is calculated using whole number scores due to data confidentiality guidelines.

**Table 2. Quality Measures Phase 2 Progress: NY
Start of Phase 2 (2009Q1) to Current Quarter (2010Q3)**

Quality Measure	Phase 2 Nursing Home Group	Group Average Start of Phase 2 (n)	Group Average Current Quarter (n)	Amount of Change (% Change)*
High Risk Pressure Ulcers	Participants Selecting Goal	13.5	11.2	-2.3 (-17.0%)
	Participants Not Selecting Goal	8.2	7.3	-0.9 (-11.0%)
	Non-participants	13.9	12.4	-1.5 (-10.8%)
	State	13.5 (579)	12.0 (578)	-1.5 (-11.1%)
	National	11.8 (10631)	10.3 (10871)	-1.5 (-12.7%)
Physical Restraints	Participants Selecting Goal	3.6	2.4	-1.2 (-33.3%)
	Participants Not Selecting Goal	1.9	2.0	0.1 (5.3%)
	Non-participants	3.5	2.7	-0.8 (-22.9%)
	State	3.3 (618)	2.6 (612)	-0.7 (-21.2%)
	National	3.7 (13731)	2.6 (13756)	-1.1 (-29.7%)
Chronic Care Pain	Participants Selecting Goal	2.2	2.0	-0.2 (-9.1%)
	Participants Not Selecting Goal	1.7	2.1	0.4 (23.5%)
	Non-participants	2.5	2.2	-0.3 (-12.0%)
	State	2.4 (618)	2.2 (612)	-0.2 (-8.3%)
	National	3.6 (13627)	3.2 (13656)	-0.4 (-11.1%)
PAC Pain	Participants Selecting Goal	16.3	16.3	0.0 (0.0%)
	Participants Not Selecting Goal	15.7	19.4	3.7 (23.6%)
	Non-participants	15.0	14.5	-0.5 (-3.3%)
	State	15.2 (568)	15.0 (555)	-0.2 (-1.3%)
	National	19.5 (11555)	19.1 (11523)	-0.4 (-2.1%)

Participants include nursing homes that completed their registration as of January 31, 2011.

*Because lower scores are better for the Quality Measures, negative values indicate improvement.

% Change = [(Average in Current Quarter - Average at Start of Phase 2)/Average at Start of Phase 2] *100.

Campaign Objectives

Objectives A, B, and C for each of the QMs address improvement in the national mean, the percent of nursing homes achieving high performance, and the average scores of nursing homes that exceed the 2009 Quarter 1 90th percentile, respectively. Table 3 shows the campaign national targets for each of the objectives, as well as the scores that determine high performance and the 90th percentile for each QM.

Table 3. Quality Measure High Performance and 90th Percentile Scores

Quality Measure	Objective A	Objective B		Objective C	
	Campaign Target for National Mean	High Performance Threshold	Campaign Target (% of homes at or below threshold)	90 th Percentile Threshold	Campaign Target (average of the scores of nursing homes exceeding the 90 th percentile threshold)
High Risk Pressure Ulcers	<= 9.0%	<= 6.0%	30%	> 20.0%	18.0%
Physical Restraints	<= 2.0%	< 1.0%	50%	> 10.0%	8.0%
CC Pain	<= 2.0%	<= 1.0%	30%	> 8.0%	7.0%
PAC Pain	<= 16.0%	<=7.0%	30%	> 38.0%	7.0%

Table 4 displays the state status and the campaign target relative to each QM’s objective:

- 1) Column #1 shows the QM.
- 2) Column #2 indicates either the state or national group.
- 3) Columns #3 and #4 show the group averages as of 2009 Quarter 1 and the current quarter, respectively. The number in parentheses after the state and national averages indicates the number of nursing homes that had publicly reported scores for the measure in the given quarter.
- 4) Column #5 shows the projected average if all nursing homes in the state improve their baseline ranking by the recommended 10 percentile. For the national group, this value corresponds to the national target shown in Table 3 above.
- 5) Columns #6 and #7 show the percent of nursing homes in the state that achieved high performance in 2009 Quarter 1 and the current quarters, respectively. The number in parentheses after the percent indicates the number of nursing homes in this category with publicly reported scores.
- 6) Column #8 shows the campaign target for the national group for Objective B.
- 7) Columns #9 and 10 indicate the average score of nursing homes with publicly reported scores that exceed the 2009 Quarter 1 national 90th percentile in the baseline and current quarters, respectively. The number in parentheses after the average indicates the number of nursing homes with publicly reported scores in this group.
- 8) Column #11 shows the campaign target for the national group for Objective C.

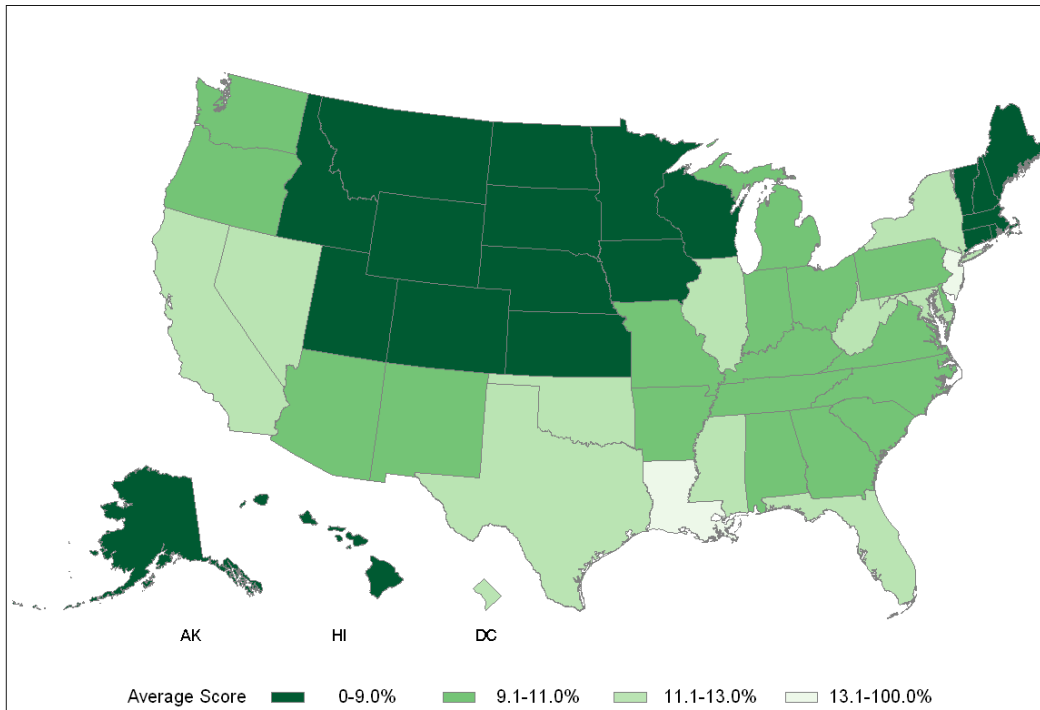
For groups with less than 10 nursing homes, averages are calculated using whole number publicly reported scores for data confidentiality purposes.

The maps in Figures 9 - 12 show how state averages compare across the nation. States that have achieved the campaign target for the national mean for each QM are shown in the darkest green. The footnote for each map indicates the national performance standard for that measure. Only nursing homes with a valid reportable score for the indicated measure in the given quarter are included. As more states achieve success in these campaign objectives, an increasing number of states will show with darker green shading over time, indicating campaign progress.

**Table 4. State and National Status for Phase 2 Quality Measure Objectives: NY
2010 Quarter 3**

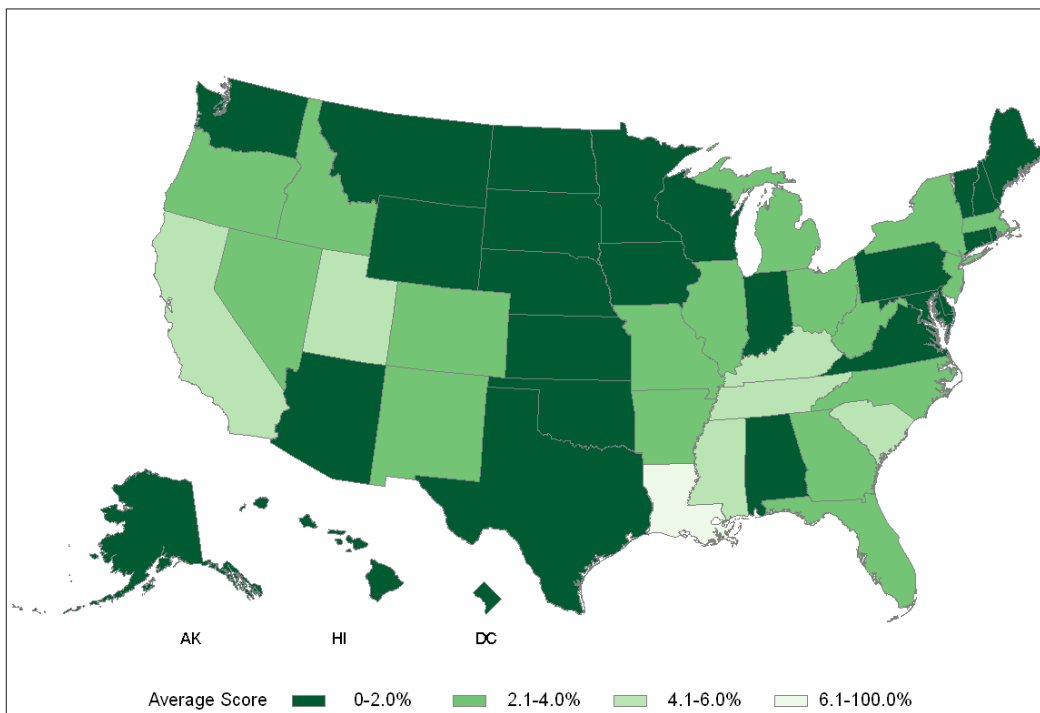
		Objective A Average (n) and Projected Average if All Homes Achieve 10 Percentile Improvement			Objective B Percent (n) of Homes Meeting QM High Performance Goal			Objective C Average Score of Homes Exceeding QM National 90th Percentile		
Quality Measure	Level	Baseline (2009Q1)	Current Quarter (2010Q3)	Projected Average	Baseline (2009Q1)	Current Quarter (2010Q3)	Campaign Target	Baseline (2009Q1)	Current Quarter (2010Q3)	Campaign Target
High Risk Pressure Ulcers	State	13.5 (579)	12.0 (578)	11	11.6% (67)	14.5% (84)		24.0 (94)	25.0 (59)	
	National	11.8 (10631)	10.3 (10871)	9.3	19.3% (2049)	25.6% (2788)	30%	25.1 (1147)	24.8 (731)	18.0
Physical Restraints	State	3.3 (618)	2.6 (612)	1.8	38.5% (238)	44.9% (275)		18.6 (34)	20.8 (23)	
	National	3.7 (13731)	2.6 (13756)	2.1	39.3% (5394)	48.5% (6678)	50%	15.8 (1321)	15.3 (807)	8.0
Chronic Care Pain	State	2.4 (618)	2.2 (612)	1.7	31.6% (195)	35.8% (219)		10.3 (18)	11.6 (10)	
	National	3.6 (13627)	3.2 (13656)	2.4	24.6% (3346)	28.6% (3903)	30%	12.3 (1396)	12.3 (1125)	7.0
PAC Pain	State	15.2 (568)	15.0 (555)	11.5	25.7% (146)	27.7% (154)		45.7 (22)	46.1 (27)	
	National	19.5 (11555)	19.1 (11523)	14.8	19.6% (2267)	20.9% (2413)	30%	48.1 (1176)	48.1 (1186)	34.0

Figure 9. State Average for High Risk Pressure Ulcers (2010Q3)



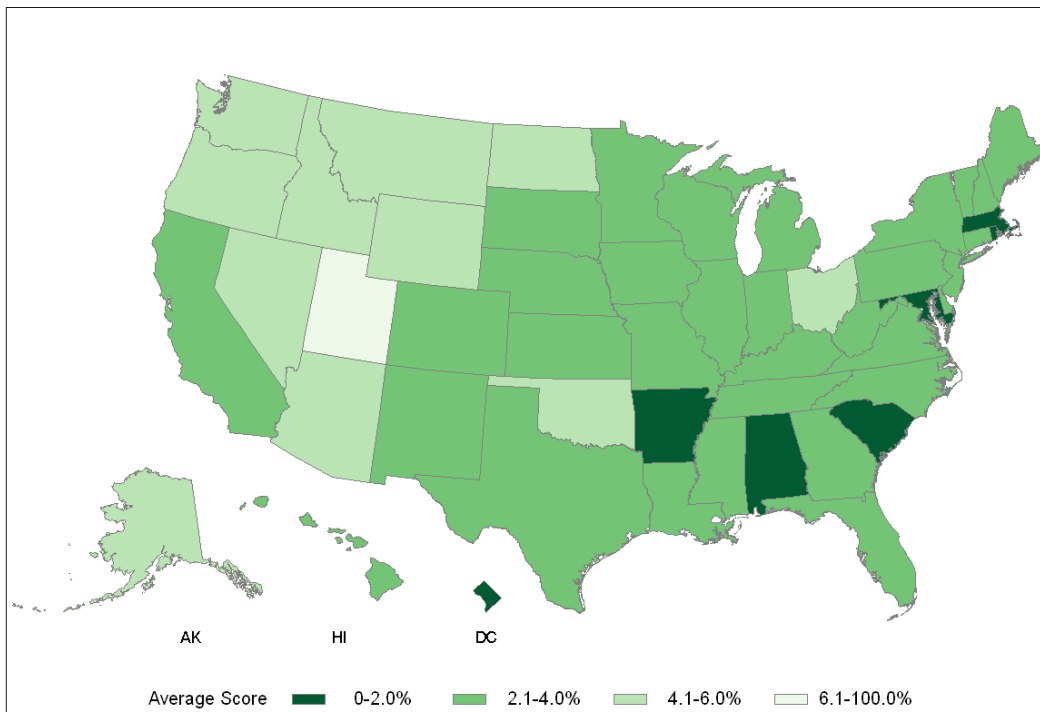
Campaign goal: The national average for high risk pressure ulcers will be at or below 9%

Figure 10. State Average for Physical Restraints (2010Q3)



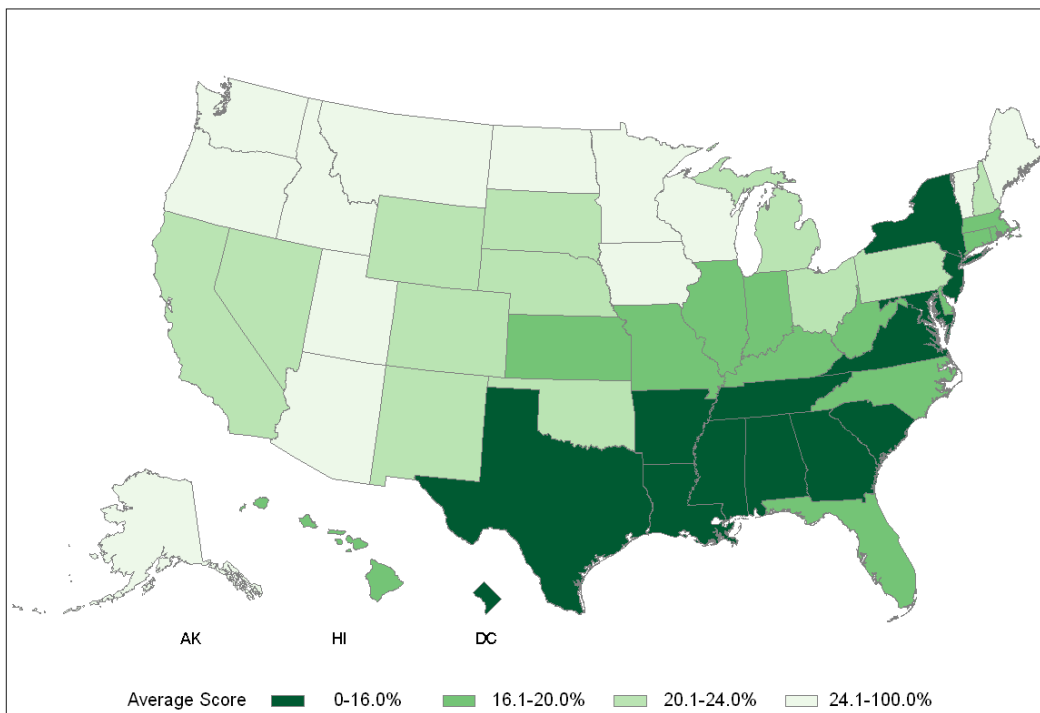
Campaign goal: The national average of daily use of physical restraints will be at or below 2%

Figure 11. State Average for Chronic Care Pain (2010Q3)



Campaign goal: The national average of moderate or severe pain experienced by long-stay residents will be at or below 2%

Figure 12. State Average for Post Acute Care Pain (2010Q3)

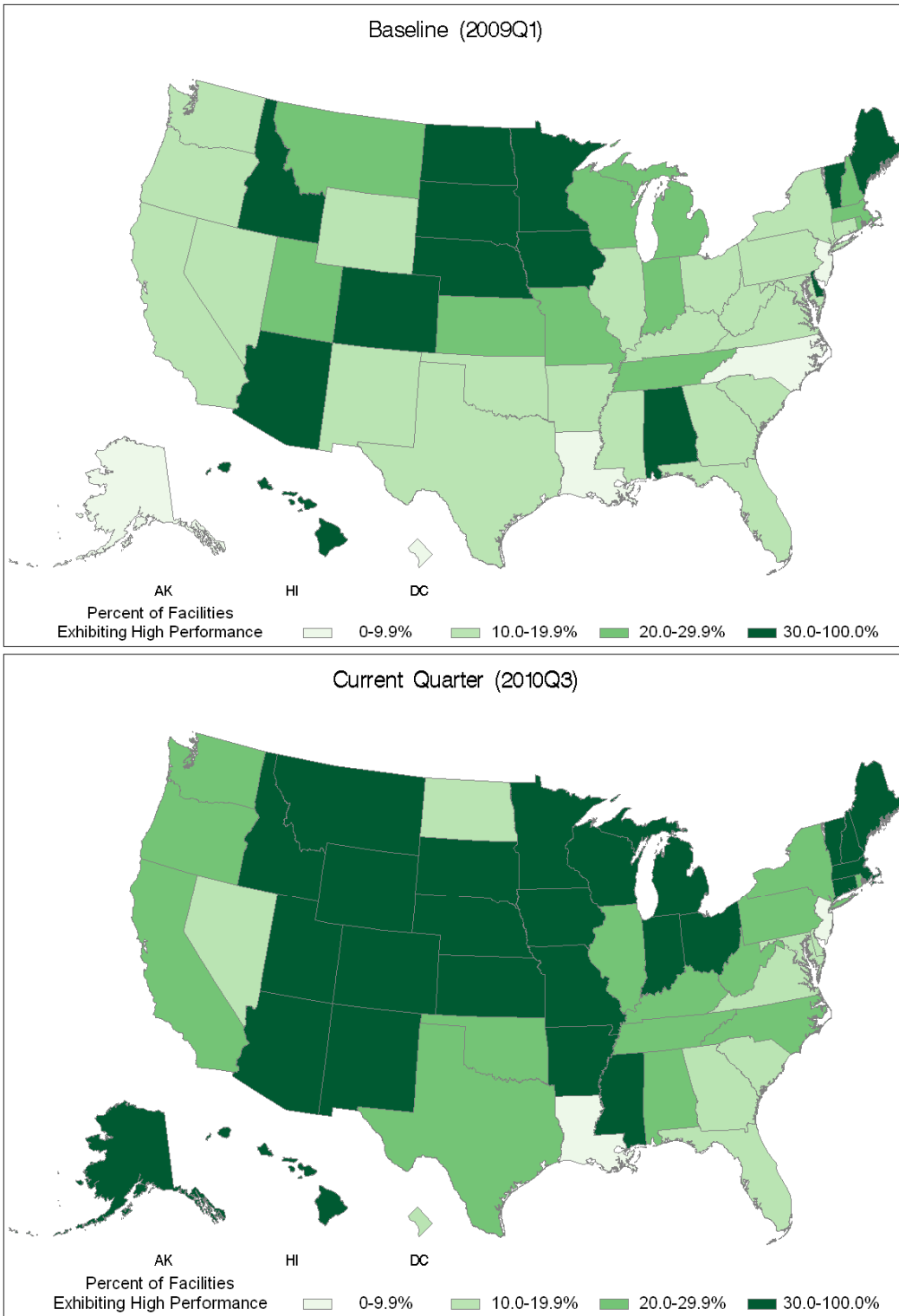


Campaign goal: The national average of moderate or severe pain experienced by post-acute residents will be at or below 16%

Percent of Campaign Participants Exhibiting High Performance

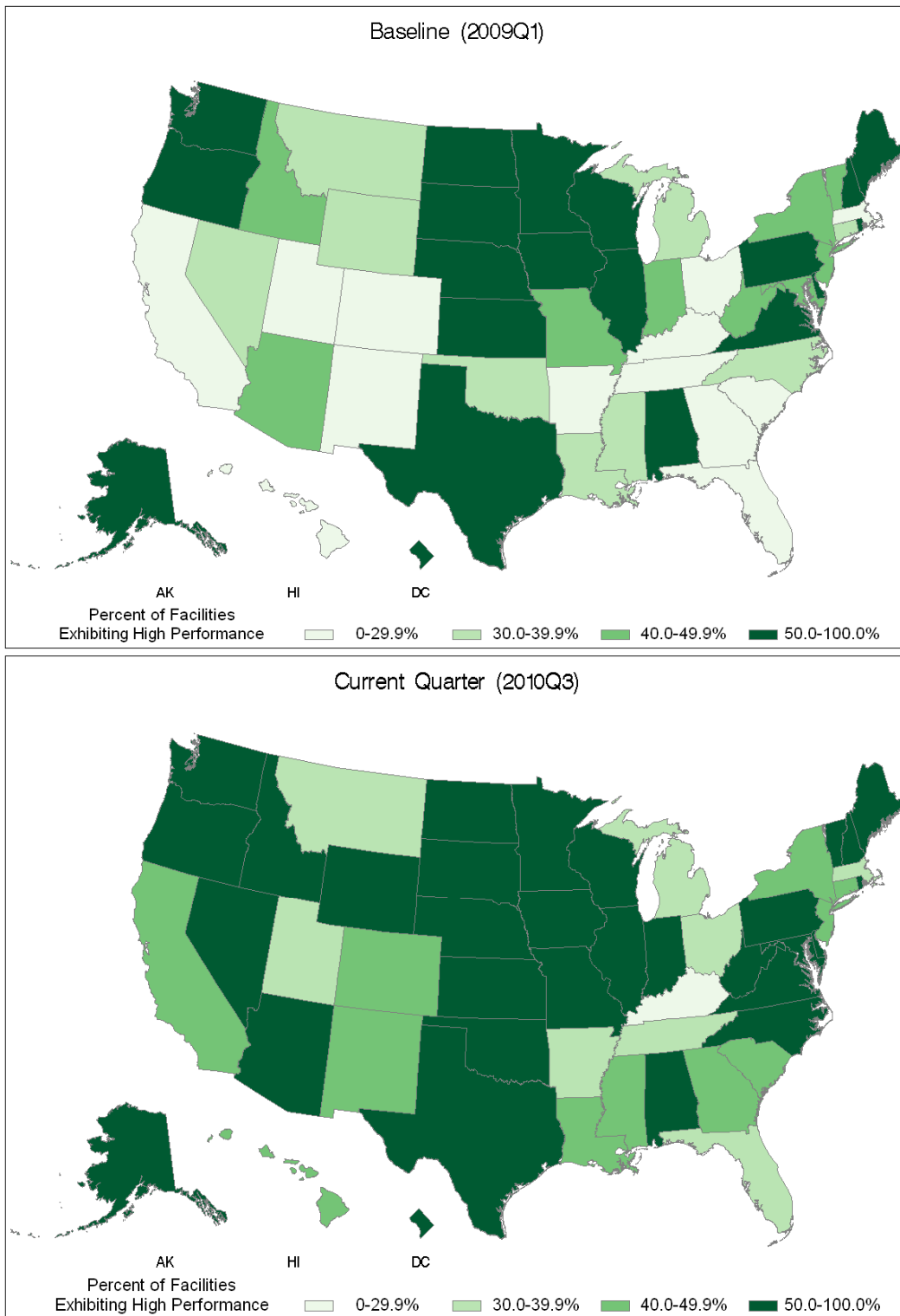
The upper maps of Figures 13 - 16 display the percent of each state's campaign participants that achieved high performance for the stated measure in 2009 Quarter 1; the lower maps display the percent of campaign participants that achieved high performance in current quarter. These differ from the data in Table 4 which displays the number of nursing homes in the state that have achieved high performance regardless of participation status. The footnote for each map indicates the performance standard for that measure. As in previous analyses, only nursing homes with a valid reportable score are included. States that achieved the campaign goal of 30% (or 50% in the case of physical restraints) of their campaign participants achieving high performance are shaded in the darkest green color on the maps. For each QM, comparison of the top map to the bottom map shows more of the nation's campaign participants moving toward high performance, as indicated by the increasing number of states with darker green shading over time.

Figure 13. Percent of High Performing Nursing Homes
High Risk Pressure Ulcers



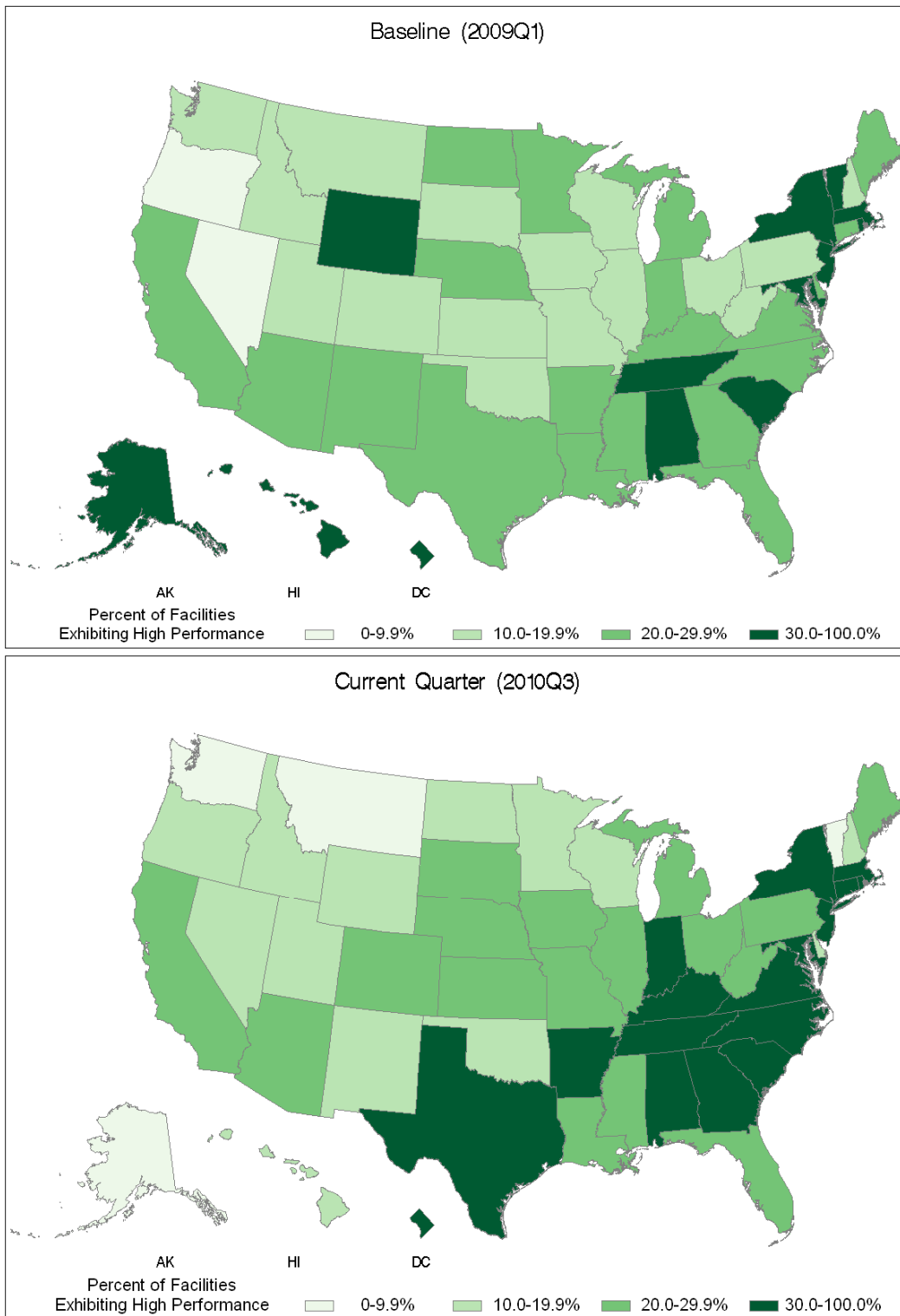
Campaign goal: 30% of nursing homes will report rates of high risk pressure ulcers at or below 6%

Figure 14. Percent of High Performing Nursing Homes
Physical Restraints



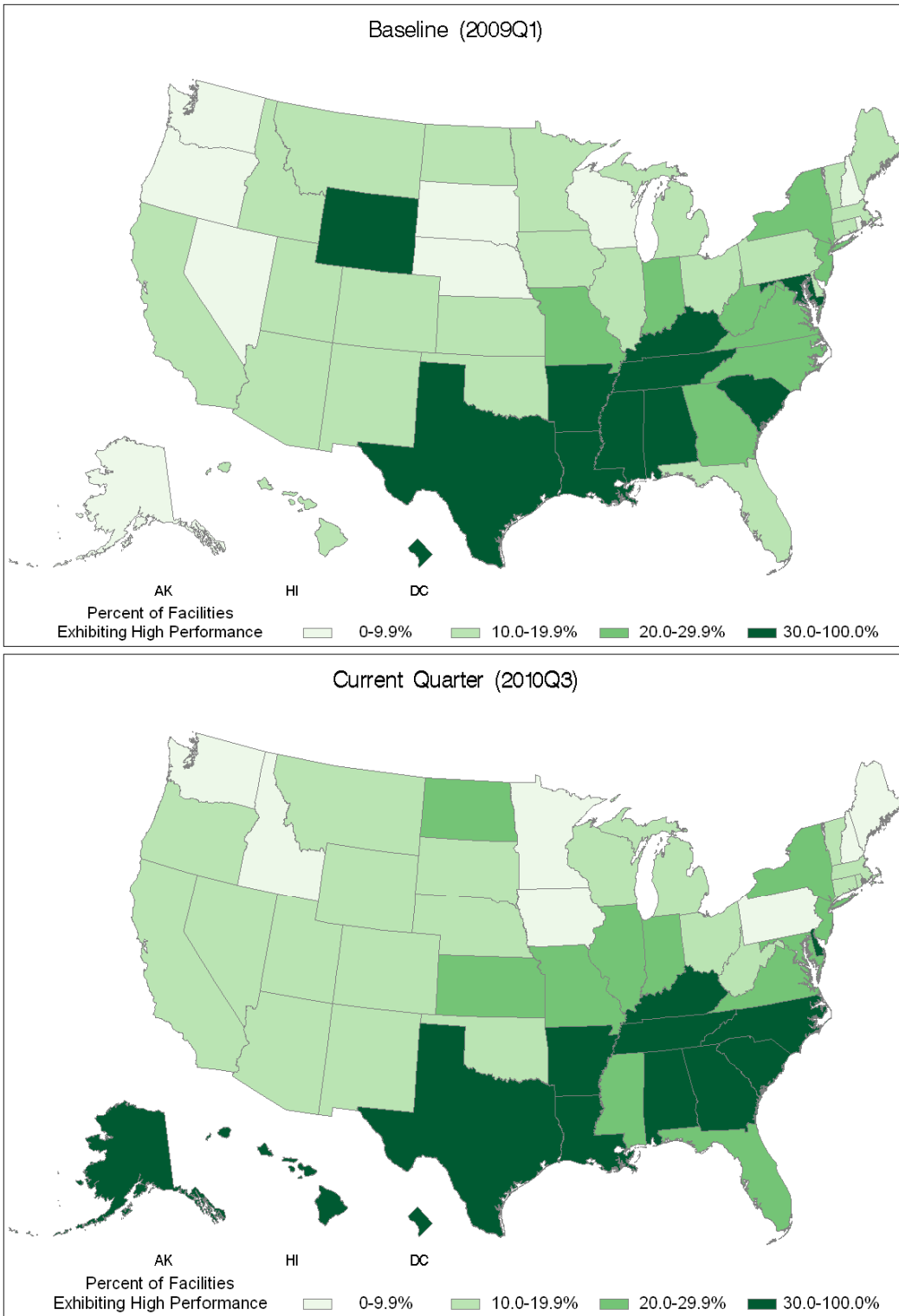
Campaign goal: 50% of nursing homes will report rates of physical restraints less than 1%

Figure 15. Percent of High Performing Nuring Homes
Chronic Care Pain



Campaign goal: 30% of nursing homes will report rates of chronic care pain at or below 1%

Figure 16. Percent of High Performing Nursing Homes Post Acute Care Pain



Campaign goal: 30% of nursing homes will report rates of post acute care pain at or below 7%

State Quality Measure Distribution

The upper display in Figures 17 - 20 show the state distribution of scores for each of the QMs in 2009 Quarter 1; the lower display shows the state distribution of scores in the current quarter. The box on the right side of each distribution shows descriptive statistics: the number of nursing homes with publicly reported scores for that measure and the scores associated with the average (mean), 25th percentile, 50th percentile (median), and 75th percentile for the state.

Figure 17. Distribution of High Risk Pressure Ulcer Scores for NY
 Start of Phase 2 (2009Q1) Compared to Current Quarter (2010Q3)

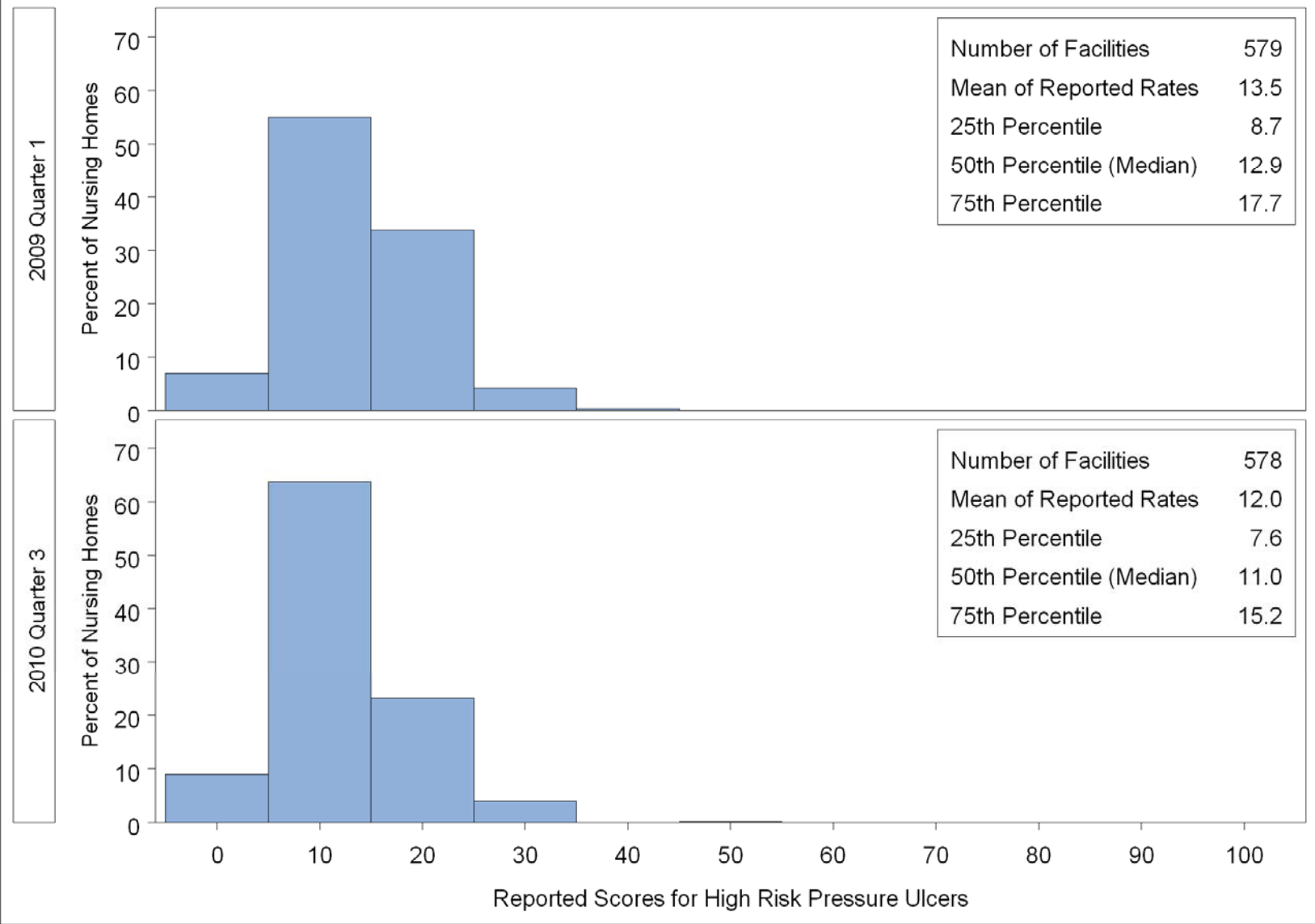


Figure 18. Distribution of Physical Restraints Scores for NY
 Start of Phase 2 (2009Q1) Compared to Current Quarter (2010Q3)

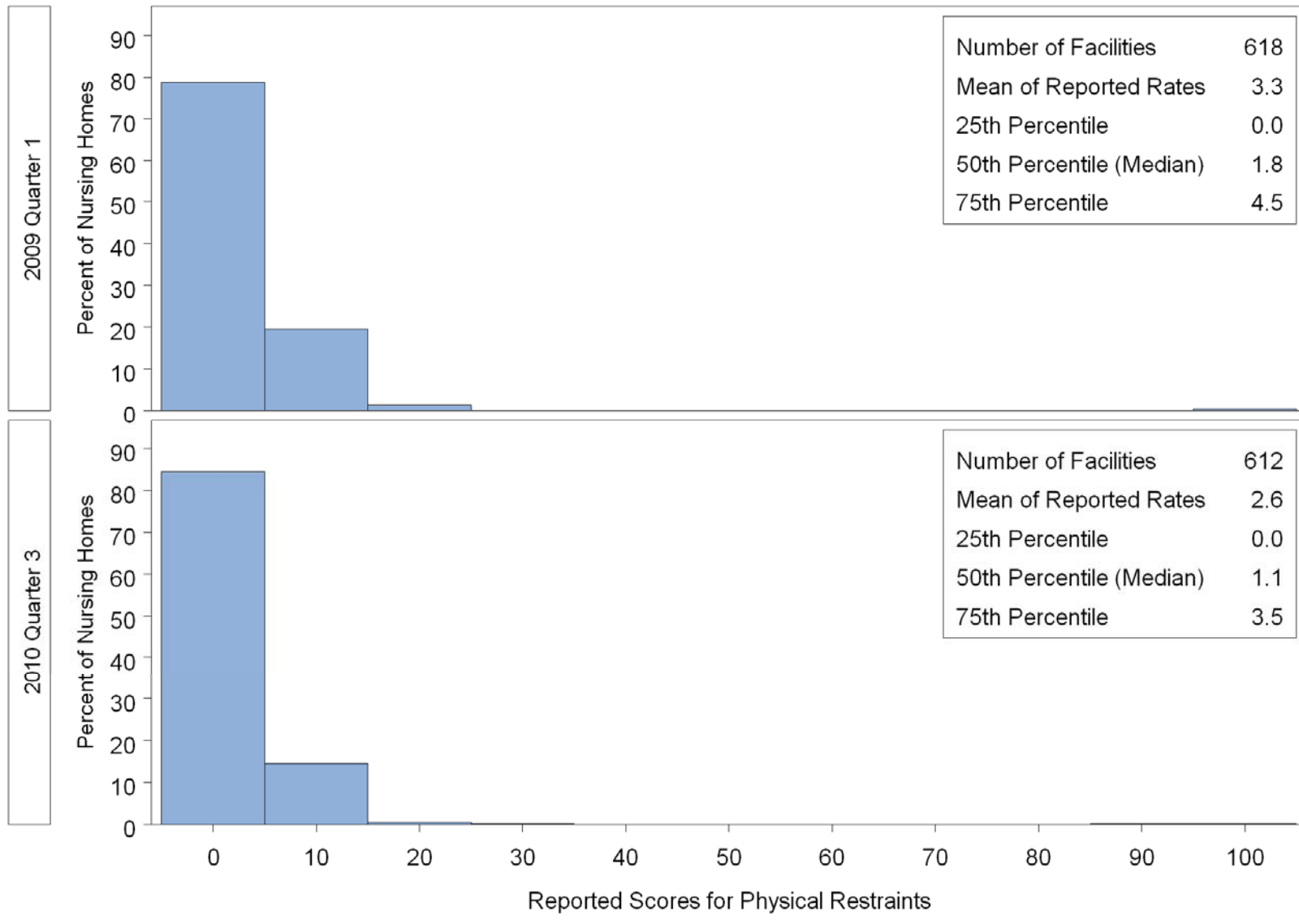


Figure 19. Distribution of Chronic Care Pain Scores for NY
 Start of Phase 2 (2009Q1) Compared to Current Quarter (2010Q3)

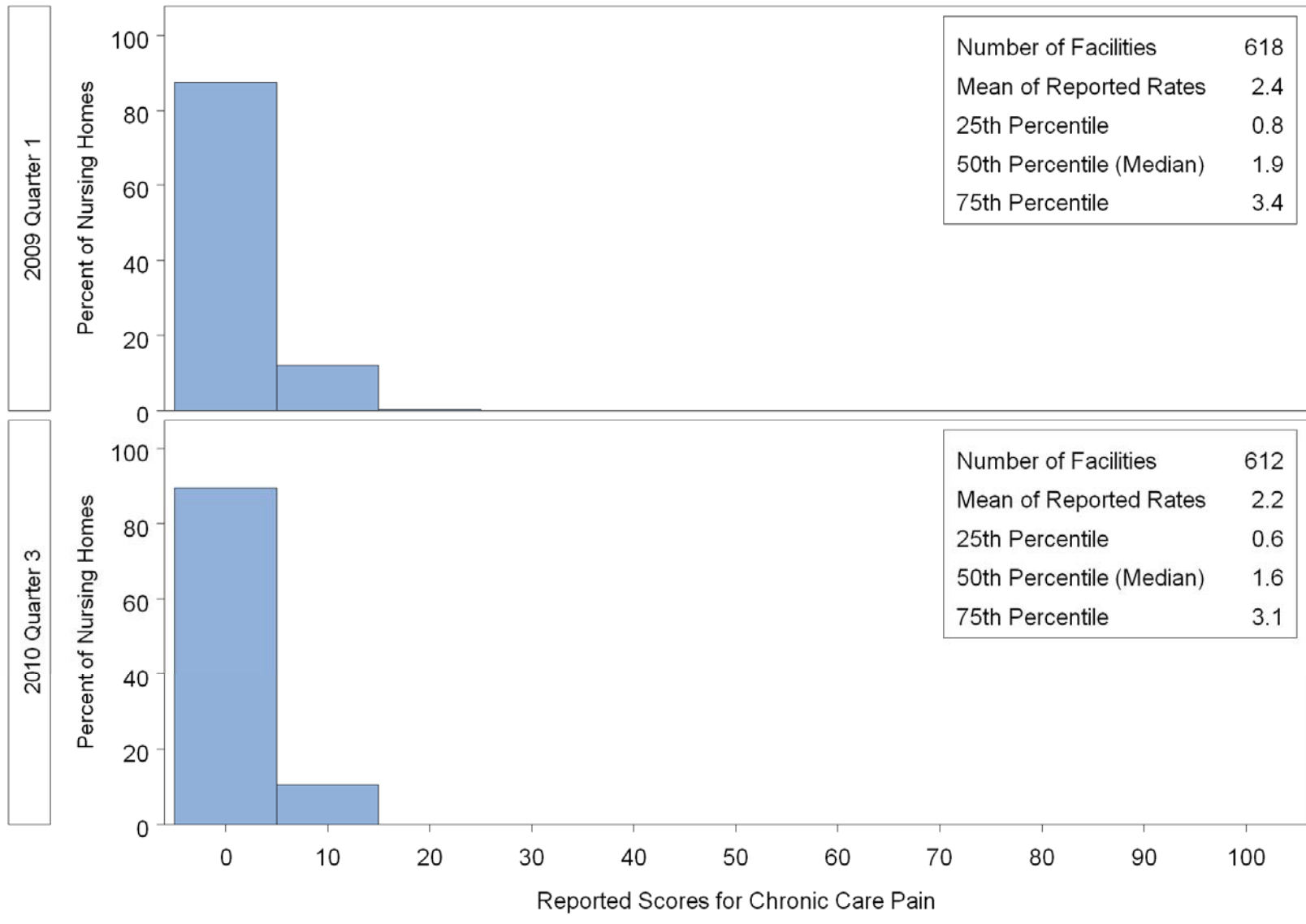
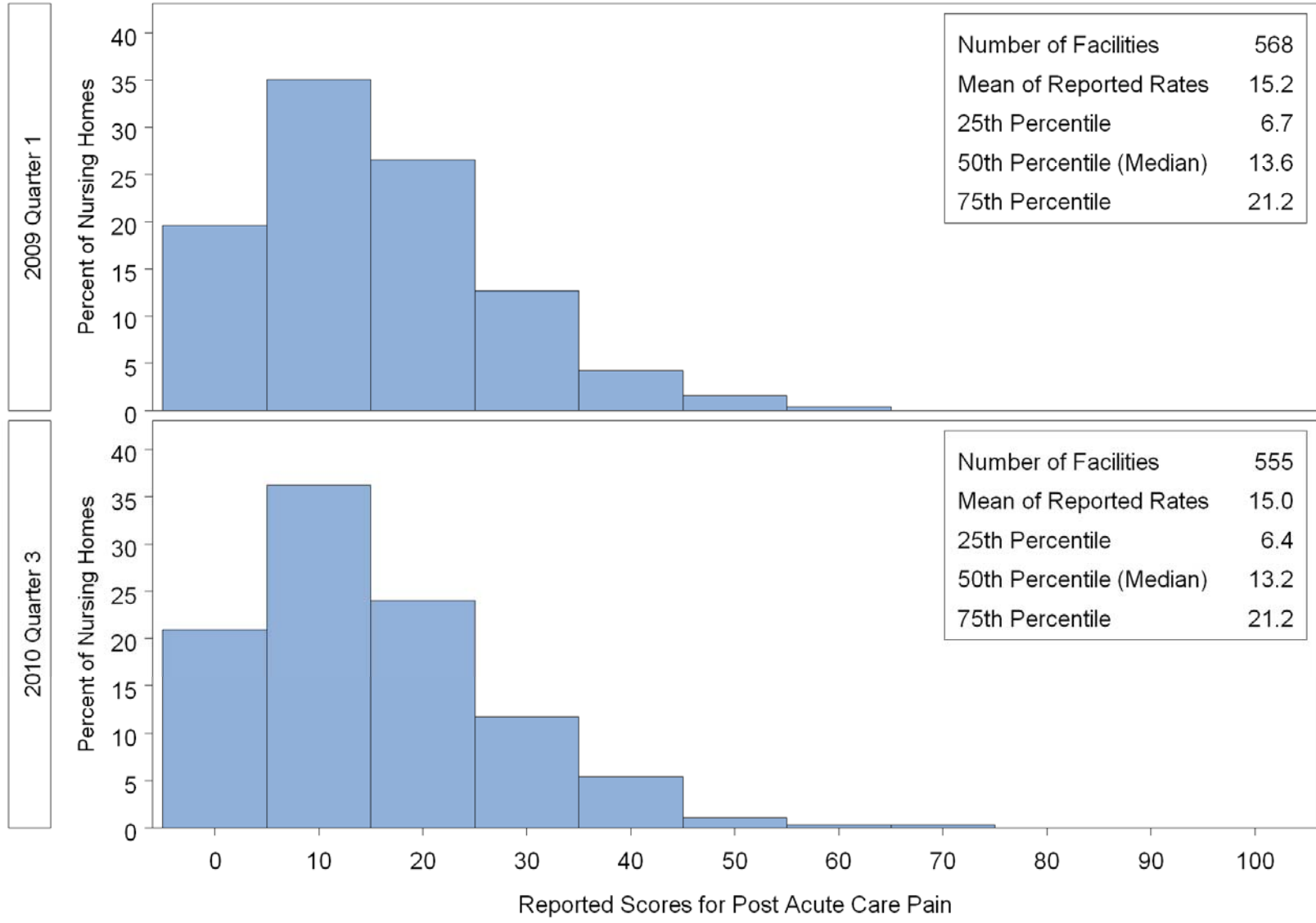


Figure 20. Distribution of Post Acute Care Pain Scores for NY
 Start of Phase 2 (2009Q1) Compared to Current Quarter (2010Q3)



Operational Goals

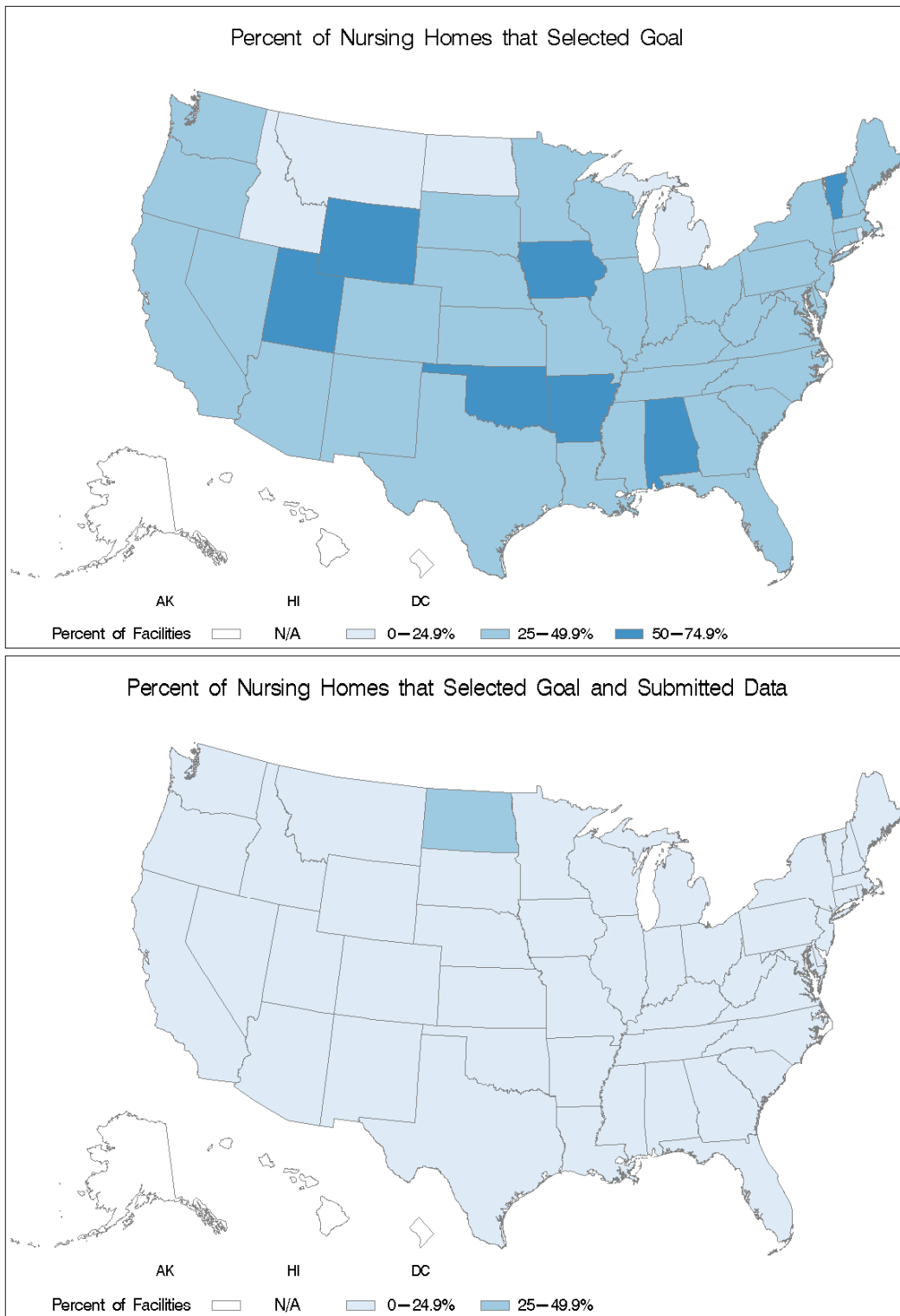
In contrast to the clinical measures, which are calculated by CMS using MDS data, data for the operation goals are collected and submitted by the nursing homes directly to the campaign website using their secure login. Data collection for the operational goals commenced as of January 2010 to coincide with the first full year of Phase 2. The website allows monthly data entry for staff turnover, consistent assignment, and advance care planning. Data for resident/family satisfaction and staff satisfaction are collected on a quarterly basis. The data for this report reflect submissions to the website database as of January 31, 2011.

LANE efforts through the first year of the campaign were largely focused on nursing home recruitment and assisting nursing homes with resources associated with their goal selection. To date, there is not sufficient data to allow robust analyses of any organizational goals at the state or national level. When sufficient data are available, the campaign will carry out appropriate analyses and make this information available to the LANEs and nursing homes. LANEs are able to monitor data submission for their state and the nation on a real-time basis after logging in to the campaign website.

The national maps in Figures 21 – 25 show how goal selection compares with data submission for each of the operational goals. Reporting of this information is suppressed if fewer than ten nursing homes in a state selected the goal. The upper map shows the percent of campaign participants in each state that selected the stated goal. The lower map displays the percent of nursing homes that have selected the goal *and* submitted data at least one time. The maps clearly show that data submission is significantly less than nursing home registrations and goal selection in every state.

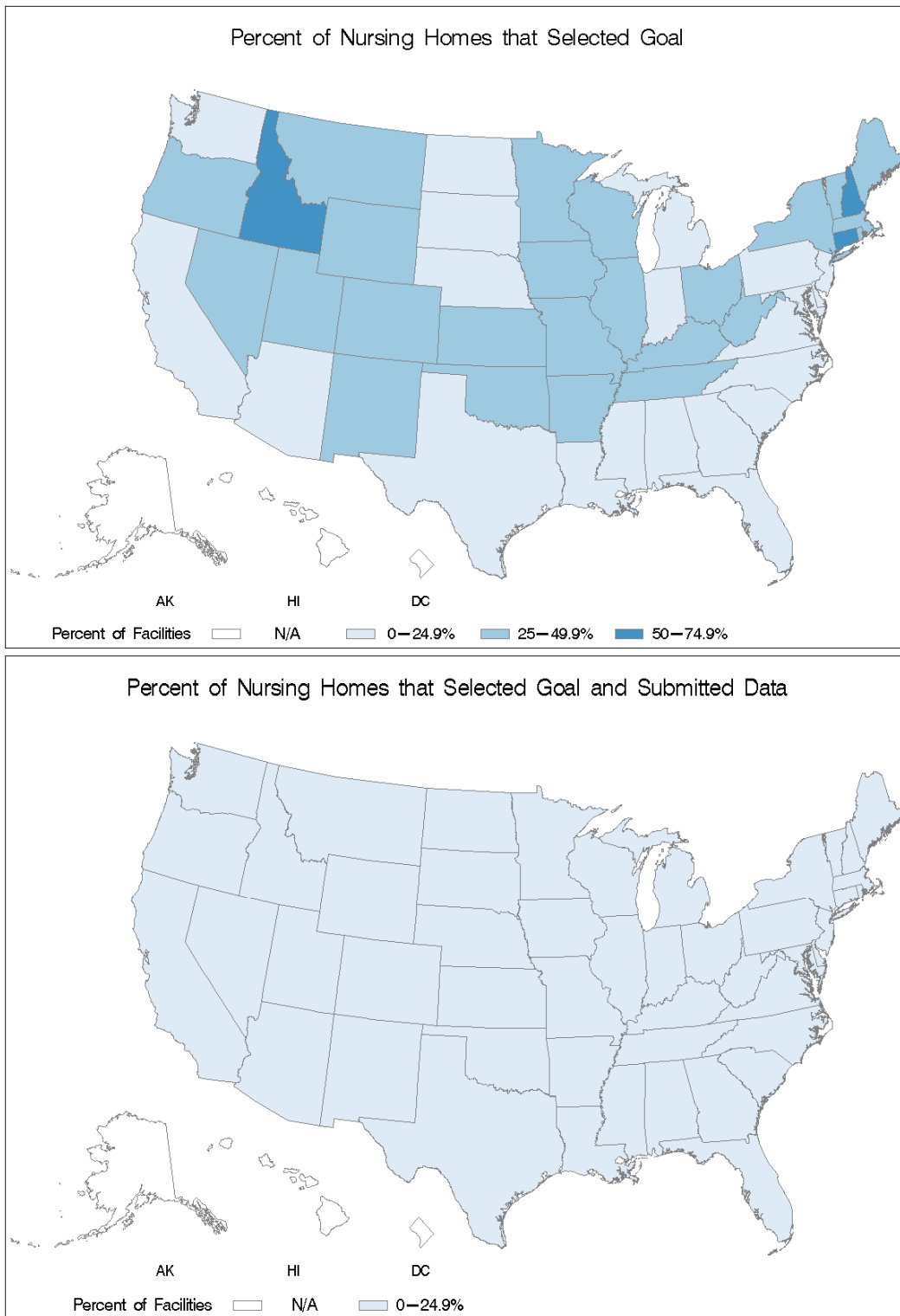
The graph in Figure 26 shows how state level data submission rates compare to the national rate for each of the operational goals. Again, it is clear that more active participation in data submission is needed prior to reporting any state or national aggregate statistics.

Figure 21. Goal Selection and Data Submission
Goal1: Staff Turnover



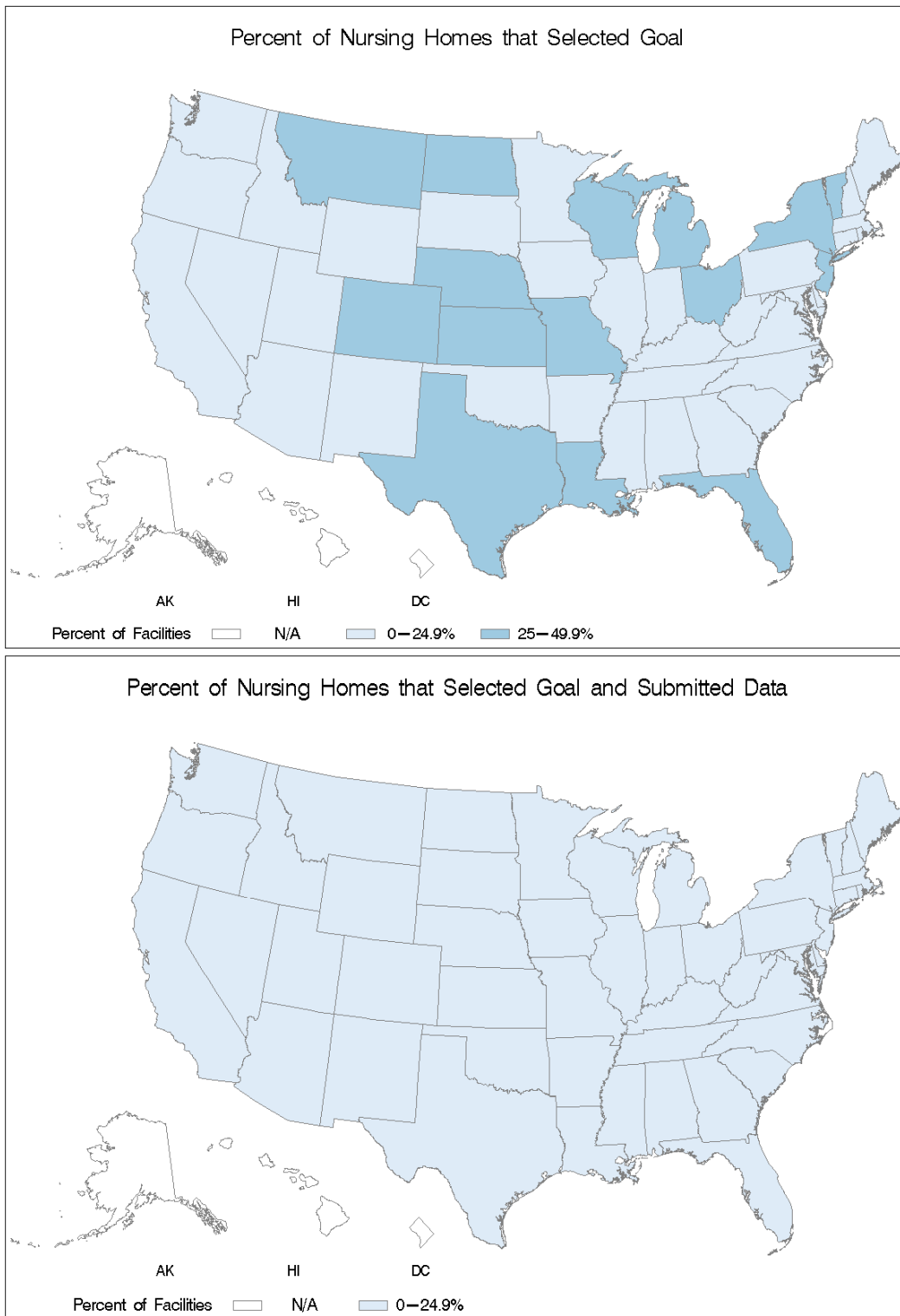
Selection and submission data as of 1/31/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

Figure 22. Goal Selection and Data Submission
 Goal2: Consistent Assignment



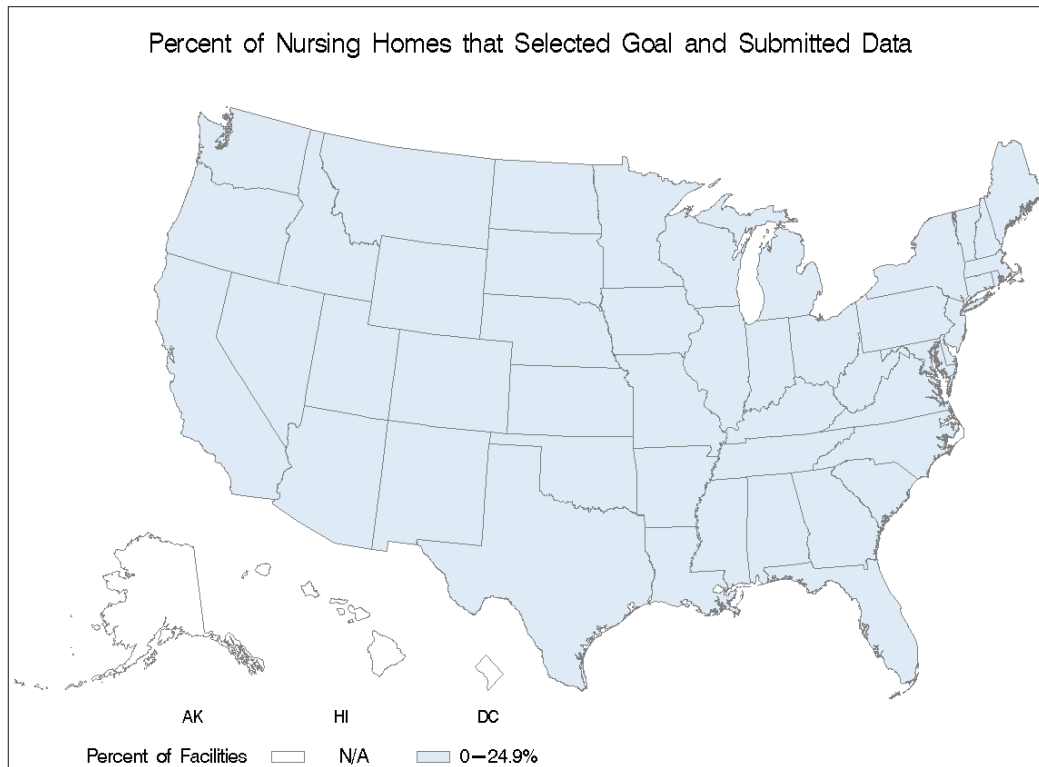
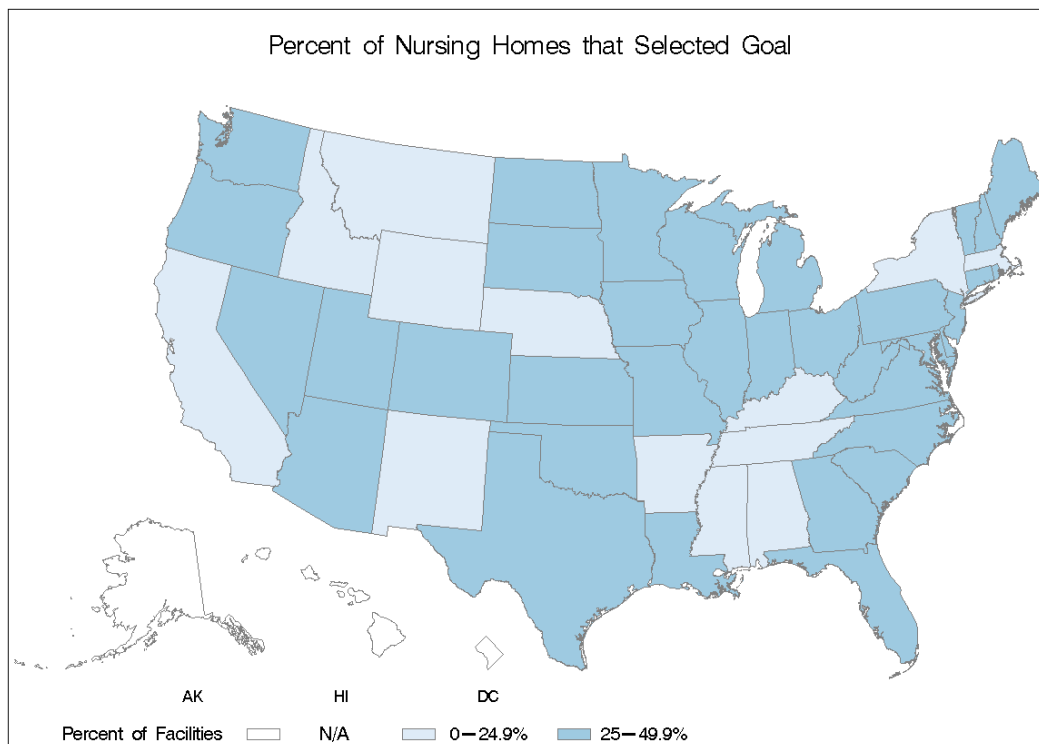
Selection and submission data as of 1/31/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

**Figure 23. Goal Selection and Data Submission
Goal6: Advance Care Planning**



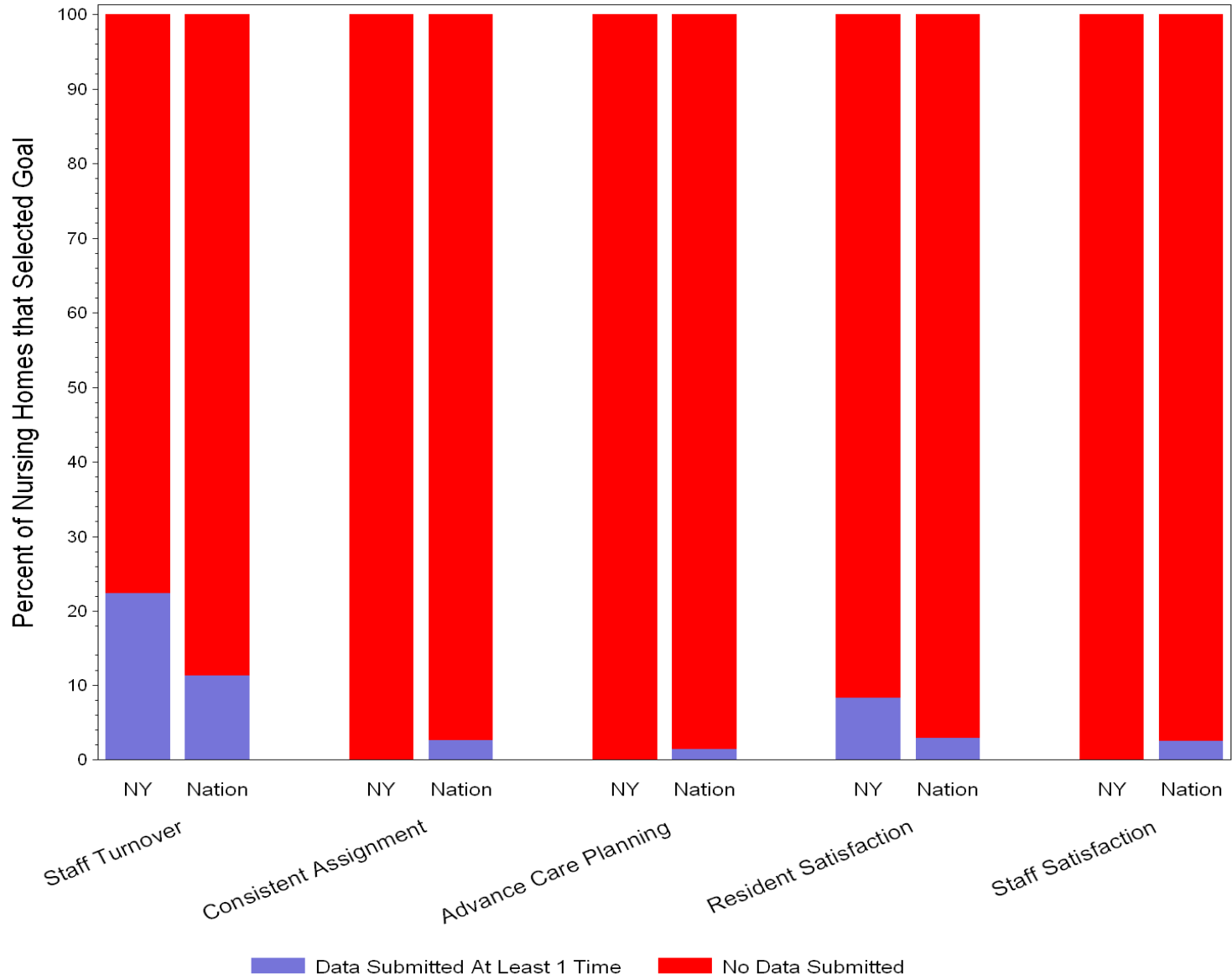
Selection and submission data as of 1/31/2011
Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

Figure 24. Goal Selection and Data Submission
 Goal7: Resident/Family Satisfaction



Selection and submission data as of 1/31/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

Figure 26. Percent Website Data Submission by Goal



Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
1	0.00	0.0
3	0.01	1.8
4	1.81	2.2
5	2.21	2.5
6	2.51	2.8
7	2.81	3.0
8	3.01	3.2
9	3.21	3.5
10	3.51	3.9
11	3.91	4.2
12	4.21	4.5
13	4.51	4.8
14	4.81	5.0
15	5.01	5.2
16	5.21	5.4
17	5.41	5.6
18	5.61	5.8
19	5.81	6.0
20	6.01	6.1
21	6.11	6.3
22	6.31	6.5
23	6.51	6.6
24	6.61	6.8
25	6.81	7.0
26	7.01	7.1
27	7.11	7.3
28	7.31	7.5

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
29	7.51	7.7
30	7.71	7.8
31	7.81	8.0
32	8.01	8.2
33	8.21	8.3
34	8.31	8.5
35	8.51	8.6
36	8.61	8.8
37	8.81	8.9
38	8.91	9.1
39	9.11	9.3
40	9.31	9.4
41	9.41	9.5
42	9.51	9.7
43	9.71	9.8
44	9.81	10.0
45	10.01	10.1
46	10.11	10.3
47	10.31	10.4
48	10.41	10.6
49	10.61	10.8
50	10.81	10.9
51	10.91	11.1
52	11.11	11.3
53	11.31	11.4
54	11.41	11.6
55	11.61	11.8

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
56	11.81	11.9
57	11.91	12.1
58	12.11	12.2
59	12.21	12.5
61	12.51	12.8
62	12.81	12.9
63	12.91	13.2
64	13.21	13.3
65	13.31	13.5
66	13.51	13.7
67	13.71	13.9
68	13.91	14.1
69	14.11	14.3
70	14.31	14.6
71	14.61	14.7
72	14.71	15.0
73	15.01	15.2
74	15.21	15.4
75	15.41	15.7
76	15.71	15.9
77	15.91	16.2
78	16.21	16.4
79	16.41	16.7
80	16.71	17.0
81	17.01	17.2
82	17.21	17.5
83	17.51	17.9

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
84	17.91	18.2
85	18.21	18.6
86	18.61	18.9
87	18.91	19.4
88	19.41	19.7
89	19.71	20.0
90	20.01	20.6
91	20.61	21.1
92	21.11	21.6
93	21.61	22.3
94	22.31	22.9
95	22.91	23.9
96	23.91	25.0
97	25.01	26.4
98	26.41	28.6
99	28.61	32.2
100	32.21	57.1

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 2. Physical Restraints

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
1	0.00	0.0
37	0.01	0.6
38	0.61	0.8
39	0.81	0.9
40	0.91	1.0
41	1.01	1.1
42	1.11	1.2
44	1.21	1.3
45	1.31	1.4
46	1.41	1.5
47	1.51	1.6
48	1.61	1.7
49	1.71	1.8
50	1.81	1.9
51	1.91	2.0
52	2.01	2.1
53	2.11	2.2
54	2.21	2.3
55	2.31	2.4
56	2.41	2.5
57	2.51	2.6
58	2.61	2.7
59	2.71	2.8
60	2.81	2.9
61	2.91	3.0
62	3.01	3.1
63	3.11	3.3
64	3.31	3.4
65	3.41	3.6

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 2. Physical Restraints

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
66	3.61	3.7
67	3.71	3.9
68	3.91	4.1
69	4.11	4.2
70	4.21	4.4
71	4.41	4.6
72	4.61	4.8
73	4.81	4.9
74	4.91	5.1
75	5.11	5.3
76	5.31	5.6
77	5.61	5.8
78	5.81	6.0
79	6.01	6.2
80	6.21	6.4
81	6.41	6.7
82	6.71	7.0
83	7.01	7.3
84	7.31	7.6
85	7.61	7.8
86	7.81	8.2
87	8.21	8.6
88	8.61	9.0
89	9.01	9.4
90	9.41	9.9
91	9.91	10.4
92	10.41	11.1
93	11.11	11.8
94	11.81	12.5

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 2. Physical Restraints

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
95	12.51	13.6
96	13.61	14.8
97	14.81	16.3
98	16.31	18.3
99	18.31	22.2
100	22.21	100.0

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 3. Chronic Care Pain

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
1	0.00	0.0
13	0.01	0.3
14	0.31	0.5
16	0.51	0.6
18	0.61	0.7
19	0.71	0.8
21	0.81	0.9
23	0.91	1.0
25	1.01	1.1
27	1.11	1.2
29	1.21	1.3
31	1.31	1.4
33	1.41	1.5
35	1.51	1.6
37	1.61	1.7
38	1.71	1.8
40	1.81	1.9
42	1.91	2.0
43	2.01	2.1
45	2.11	2.2
46	2.21	2.3
48	2.31	2.4
49	2.41	2.5
51	2.51	2.6
52	2.61	2.7
53	2.71	2.8
55	2.81	2.9
56	2.91	3.0

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 3. Chronic Care Pain

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
57	3.01	3.1
58	3.11	3.2
60	3.21	3.3
61	3.31	3.4
62	3.41	3.5
63	3.51	3.6
64	3.61	3.7
65	3.71	3.8
66	3.81	3.9
67	3.91	4.0
68	4.01	4.1
69	4.11	4.2
70	4.21	4.3
71	4.31	4.4
72	4.41	4.5
73	4.51	4.6
74	4.61	4.8
75	4.81	4.9
76	4.91	5.0
77	5.01	5.2
78	5.21	5.3
79	5.31	5.5
80	5.51	5.6
81	5.61	5.8
82	5.81	6.0
83	6.01	6.1
84	6.11	6.4
85	6.41	6.6

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 3. Chronic Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
86	6.61	6.8
87	6.81	7.2
88	7.21	7.5
89	7.51	7.8
90	7.81	8.1
91	8.11	8.5
92	8.51	9.0
93	9.01	9.4
94	9.41	10.0
95	10.01	10.8
96	10.81	11.8
97	11.81	13.1
98	13.11	14.9
99	14.91	17.8
100	17.81	50.4

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
1	0.00	0.0
5	0.01	0.9
6	0.91	1.7
7	1.71	2.2
8	2.21	2.8
9	2.81	3.2
10	3.21	3.6
11	3.61	4.0
12	4.01	4.4
13	4.41	4.7
14	4.71	5.0
15	5.01	5.4
16	5.41	5.8
17	5.81	6.3
18	6.31	6.5
19	6.51	6.8
20	6.81	7.1
21	7.11	7.5
22	7.51	7.9
23	7.91	8.2
24	8.21	8.5
25	8.51	8.8
26	8.81	9.1
27	9.11	9.5
28	9.51	9.8
29	9.81	10.1
30	10.11	10.5
31	10.51	10.8
32	10.81	11.1

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
33	11.11	11.5
34	11.51	11.8
35	11.81	12.1
36	12.11	12.5
37	12.51	12.8
38	12.81	13.2
39	13.21	13.5
40	13.51	13.8
41	13.81	14.1
42	14.11	14.3
43	14.31	14.7
44	14.71	15.0
45	15.01	15.3
46	15.31	15.6
47	15.61	16.1
48	16.11	16.4
49	16.41	16.7
50	16.71	17.1
51	17.11	17.5
52	17.51	17.9
53	17.91	18.2
54	18.21	18.6
55	18.61	19.0
56	19.01	19.2
57	19.21	19.6
58	19.61	20.0
59	20.01	20.5
60	20.51	20.8
61	20.81	21.2

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
62	21.21	21.7
63	21.71	22.0
64	22.01	22.4
65	22.41	22.8
66	22.81	23.2
67	23.21	23.8
68	23.81	24.1
69	24.11	24.7
70	24.71	25.0
71	25.01	25.6
72	25.61	26.0
73	26.01	26.5
74	26.51	27.0
75	27.01	27.6
76	27.61	28.1
77	28.11	28.6
78	28.61	29.2
79	29.21	29.8
80	29.81	30.4
81	30.36	31.0
82	31.01	31.7
83	31.71	32.3
84	32.31	33.3
85	33.31	33.7
86	33.71	34.6
87	34.61	35.3
88	35.31	36.2
89	36.21	37.1
90	37.11	38.1

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
91	38.11	39.1
92	39.11	40.6
93	40.61	42.0
94	42.01	43.4
95	43.41	45.8
96	45.81	48.0
97	48.01	51.1
98	51.11	55.0
99	55.01	60.5
100	60.51	91.4

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

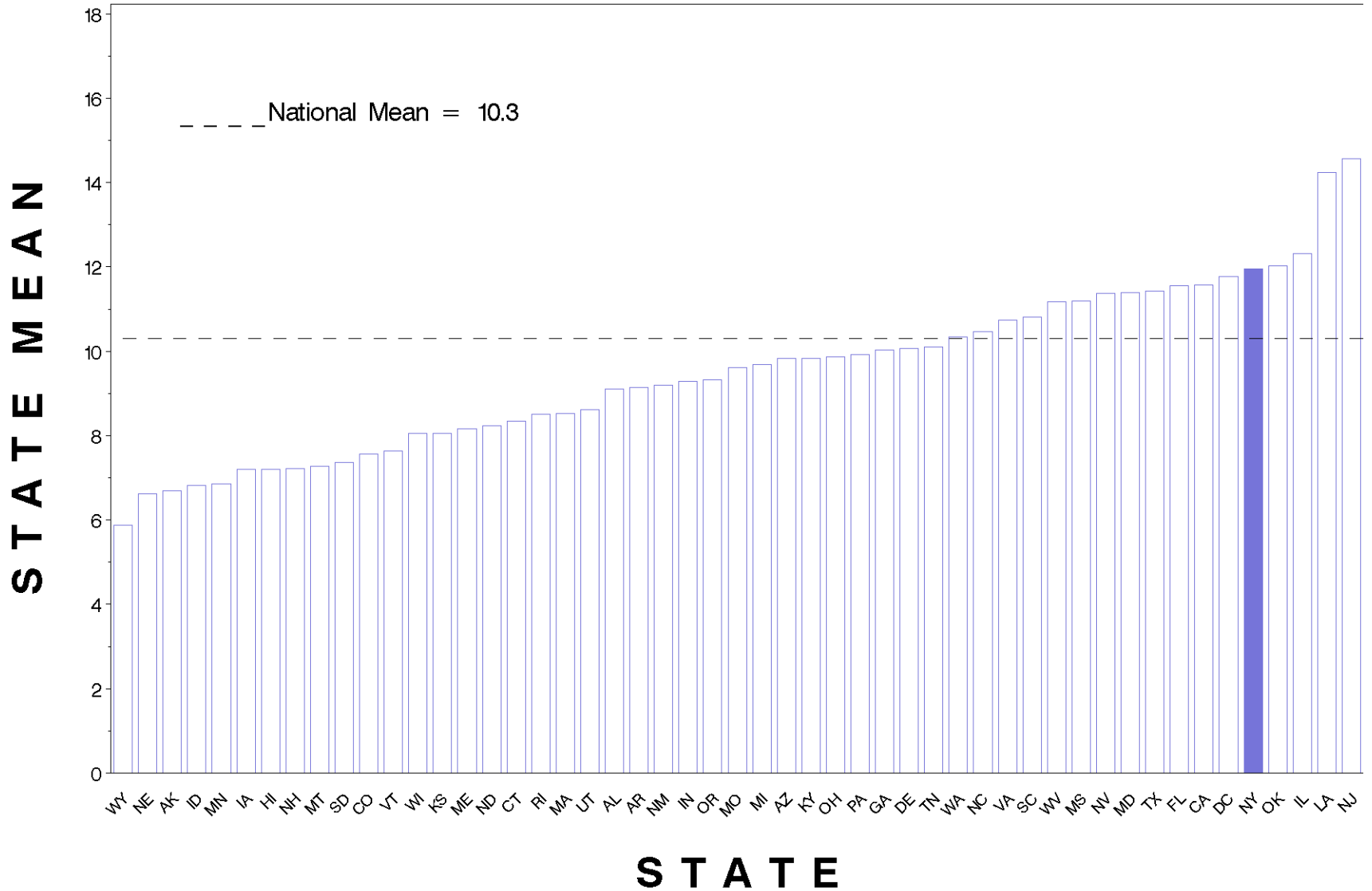
Appendix B. National Percentile Thresholds by Quarter
 Baseline (2009 Quarter 1) and Most Recent Four Quarters

Quality Measure ¹	Quarter	10% Performance Threshold ²	20% Performance Threshold ³	25% Performance Threshold ⁴	30% Performance Threshold ⁵	40% Performance Threshold ⁶	50% Performance Threshold ⁷
High Risk Pressure Ulcer	2009Q1	3.9	6.1	7.0	7.8	9.4	10.9
	2009Q4	3.3	5.5	6.3	7.0	8.5	10.0
	2010Q1	3.5	5.7	6.5	7.1	8.6	10.2
	2010Q2	3.2	5.4	6.3	6.9	8.5	9.8
	2010Q3	3.1	5.2	5.9	6.6	8.1	9.4
Physical Restraints	2009Q1	0.0	0.0	0.0	0.0	1.0	1.9
	2009Q4	0.0	0.0	0.0	0.0	0.0	1.4
	2010Q1	0.0	0.0	0.0	0.0	0.0	1.3
	2010Q2	0.0	0.0	0.0	0.0	0.0	1.2
	2010Q3	0.0	0.0	0.0	0.0	0.0	1.1
Chronic Care Pain	2009Q1	0.0	0.8	1.1	1.3	1.9	2.5
	2009Q4	0.0	0.6	0.9	1.1	1.6	2.1
	2010Q1	0.0	0.6	0.8	1.1	1.5	2.1
	2010Q2	0.0	0.6	0.8	1.0	1.5	2.1
	2010Q3	0.0	0.7	0.9	1.1	1.6	2.2
PAC Pain	2009Q1	3.6	7.1	8.8	10.5	13.8	17.1
	2009Q4	3.1	7.0	8.8	10.3	13.8	17.1
	2010Q1	2.8	6.3	8.1	9.7	13.0	16.3
	2010Q2	2.9	6.3	8.0	9.5	12.9	16.1
	2010Q3	3.0	6.7	8.3	10.0	13.5	16.7

¹ Lower scores indicate better performance for all measures displayed in this table.
² Ten percent of nursing homes with publicly reported scores have scores better than or equal to this value.
³ Twenty percent of nursing homes with publicly reported scores have scores better than or equal to this value.
⁴ Twenty-five percent of nursing homes with publicly reported scores have scores better than or equal to this value.
⁵ Thirty percent of nursing homes with publicly reported scores have scores better than or equal to this value.
⁶ Forty percent of nursing homes with publicly reported scores have scores better than or equal to this value.
⁷ Fifty percent of nursing homes with publicly reported scores have scores better than or equal to this value.

High Risk Pressure Ulcers

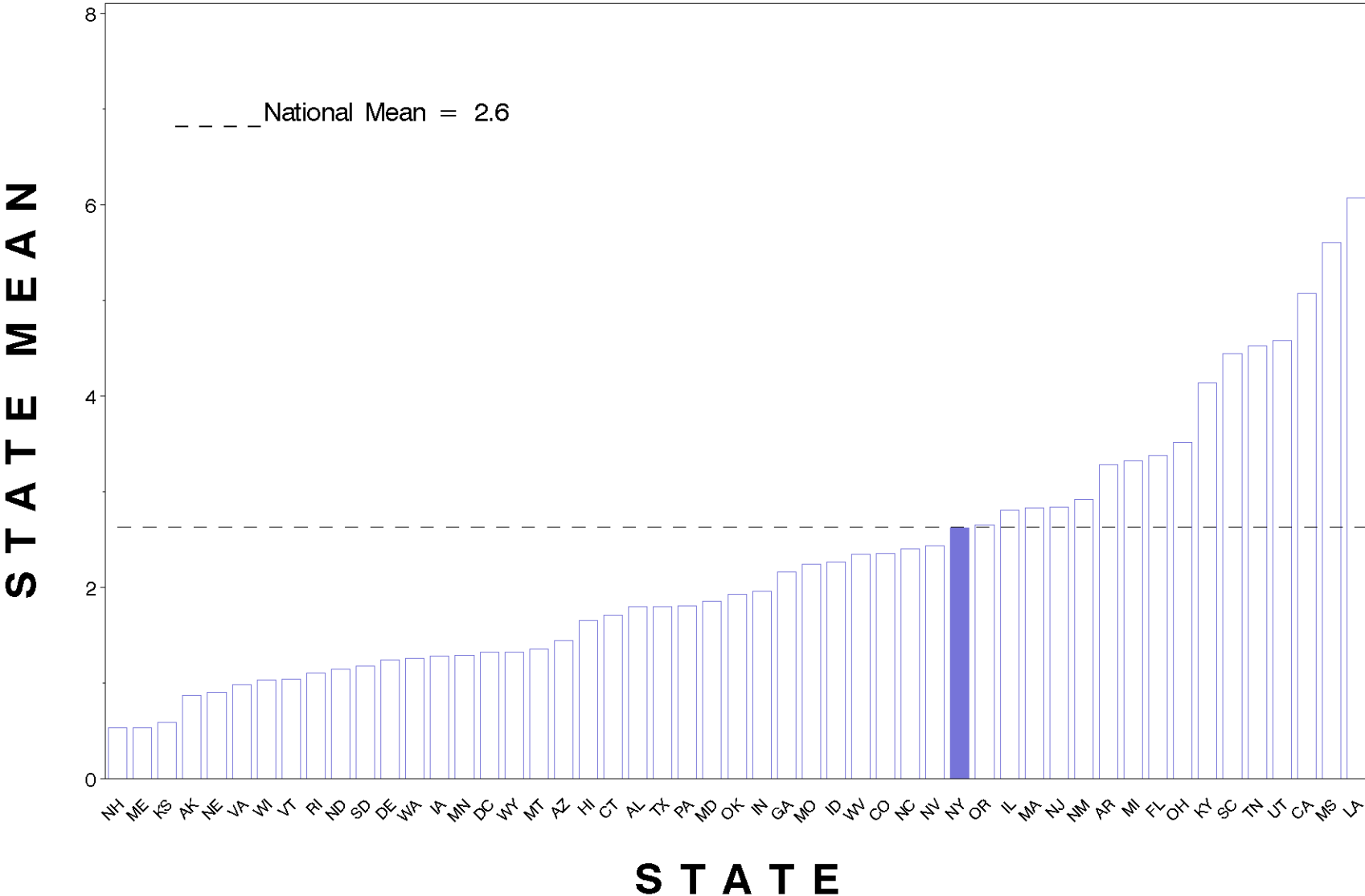
Current Quarter (2010Q3) State Means



Means calculated as the average of publicly reported nursing home scores.

Physical Restraints

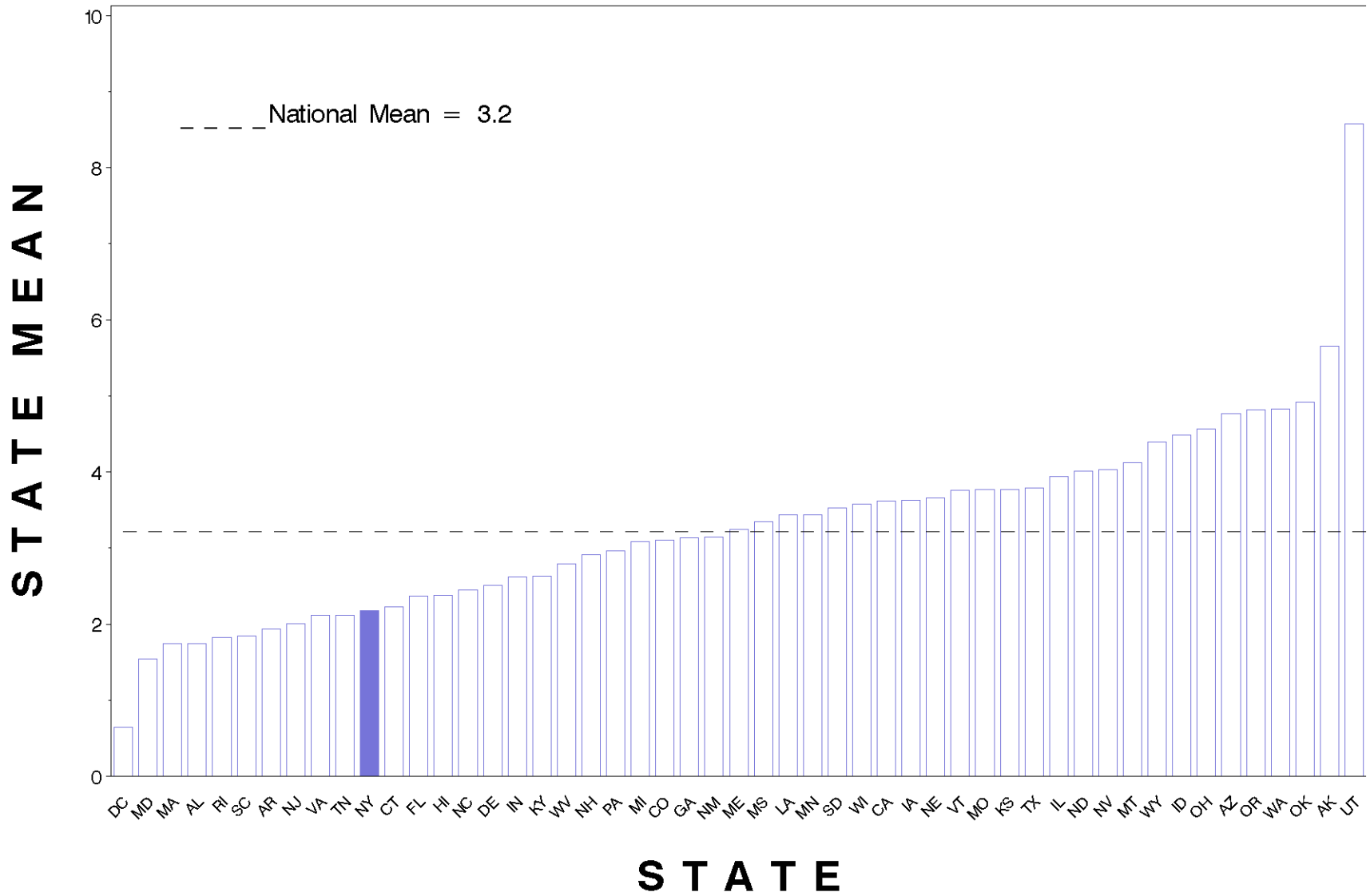
Current Quarter (2010Q3) State Means



Means calculated as the average of publicly reported nursing home scores.

Chronic Care Pain

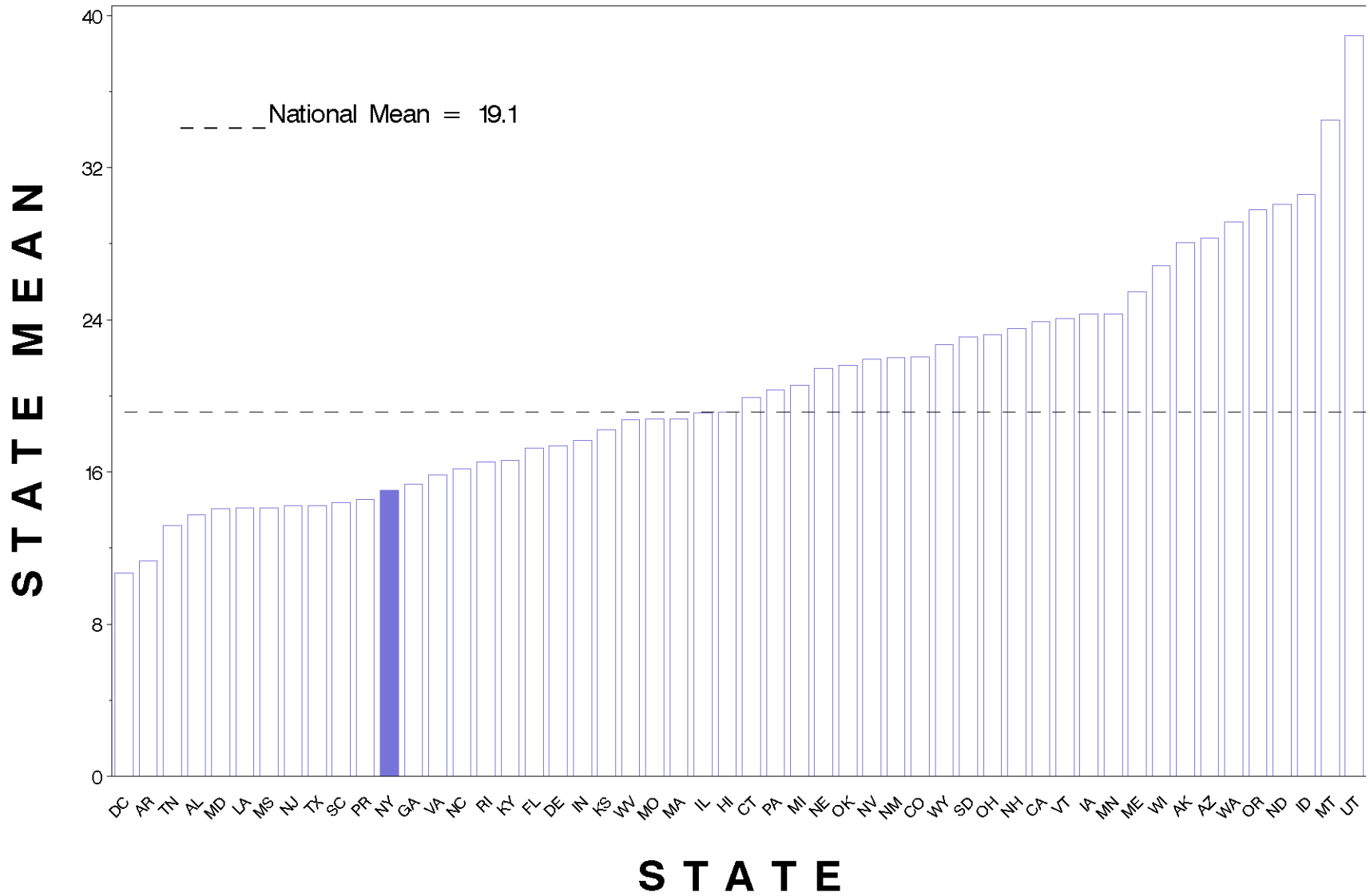
Current Quarter (2010Q3) State Means



Means calculated as the average of publicly reported nursing home scores.

Post Acute Care Pain

Current Quarter (2010Q3) State Means



Means calculated as the average of publicly reported nursing home scores.